



3 1761 08641581 7



Digitized by the Internet Archive
in 2025 with funding from
University of Toronto

<https://archive.org/details/31761086415817>

DENTAL LIBRARY
TORONTO

Royal Canadian Dental Corps

QUARTERLY



DENTAL LIBRARY
TORONTO

TABLE OF CONTENTS

	<u>PAGE</u>
Editorial	1
New Colonel Commandant	2
A Practical Patient History - Chatwin	3
Are You a Dental Assistant or Just a Helper? - Jones	11
Arctic Indoctrination - Bourque	13
An Introduction to 35 Field Dental Unit and Its Environs - Covey	17
Directorate of Dental Services News	19
Winter Sports in Ottawa Area	20
The RCDC School News	21
Winter Sports in Camp Borden - Bagnall	22
No 1 Dental Equipment Depot	22
11 Coy News	24
12 Coy News	26
13 Coy News	28
14 Coy News	30
15 Coy News	32
35 Field Dental Unit News	34
Cdn Dent Det UNEF News	34

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE RCDC QUARTERLY

Published by authority of Brigadier KM Baird, Director
General of Dental Services

Editorial Board: Col GB Shillington
Lt Col JG Butler
Major DH Protheroe

E D I T O R I A L

Since this is the first issue of The RCDC Quarterly, it is felt that a brief outline of the background, plans and editorial policy would be appropriate.

Most of you will remember the old RCDC Newsletter which met sudden death as a result of "Exercise Paper Chase" in 1953. Repeated efforts since that time to have it re-instituted at public expense were unsuccessful and, as a result, it was decided to proceed with publication, the cost to be borne by the Corps fund. This fund, incidentally, is raised by contributions from RCDC officers.

While considering the format of the "Quarterly", it was recognized that the need exists for a vehicle through which members of the Corps, both professional and non-professional, could communicate their ideas and experiences to other members of the Corps. Consequently, it seemed desirable to include articles written by RCDC personnel, as well as the news.

Variety is said to be the spice of life and it is hoped that the articles which appear will be varied so that there will be something of interest and value to everyone in the Corps. For example, in this issue we have an article written by WO 2 Percy Jones of The RCDC School for dental assistants. In future issues it is expected that some of our talented DTs Cl, DTs Lab, DERs, Clerks Adm and Dental Storemen will see fit to express themselves on paper.

Probably the most important reason for instituting the "Quarterly" was to provide a medium for the exchange of news items concerning members of the Corps. It is, therefore, imperative that every OIC clinic submit news concerning the personnel of his clinic to his Unit HQ where all of the news items for the unit should be organized into publishable form and forwarded to the Directorate.

It must be emphasized that the "Quarterly" is a product of the Corps as a whole and, as such, can only be as effective as its contributors make it.

The Editorial Board, appointed by DGDS, consists of Col GB Shillington, Lt-Col JG Butler and Maj DH Frotheroe. We ask your indulgence in our first efforts and earnestly solicit your cooperation in making The RCDC Quarterly a publication worthy of the Corps.

Colonel J.F. Edgecombe Appointed Honorary Colonel Commandant of the RCDC

Since the death of Colonel GL Cameron in 1958 the Corps has been without a Colonel Commandant. It is, therefore, with great pleasure we announce that the Minister of National Defence, the Honourable GR Pearkes, VC, has approved the appointment of Colonel JF Edgecombe, OBE, ED, CD, DDS, FICD of Saint John, NB, to fill this important post effective 6 Jan 60. Col Edgecombe is particularly suited for this appointment by virtue of his long record of distinguished service with the Canadian Army and the profession of dentistry in Canada.

Born in Fredericton, NB on 15 October 1898, he attended public and high school there and received his dental education at the University of Toronto, Class of 1923. He commenced his military service in 1916 and served overseas in World War I with the Royal Canadian Artillery. Between the two World Wars he was a militia officer with the 3rd New Brunswick Coast Brigade RCA until 1939, attaining the rank of Major.

On 26 Sep 39 he transferred to the CDC as a Captain and in Nov of the same year was promoted to Major and appointed District Dental Officer, Military District No 7. He was promoted again in Nov 39 to Lt-Col and in Jun 41 took No 3 Coy overseas, which command he held until May of the following year when he was appointed ADDS, First Canadian Army. In Oct 44 he was promoted to the rank of Colonel and held senior CDC appointments overseas as ADDS, 1 Echelon, 21 Army Group and DDDS at Canadian Military Headquarters, London. Following his return to Canada he served at the Directorate of Dental Services, Ottawa until Mar 46, when he retired to Saint John, NB to enter private practice. In 1951 he was appointed ADDS, Eastern Command Dental Advisory Staff (Militia), a post he held until his retirement in Apr 59.

Col Edgecombe has been the recipient of a number of honours and awards including the OBE, which he was awarded in Mar 45, Queen's Honorary Dental Surgeon from Jun 53 to May 56 and Fellowship in the International College of Dentists. In addition he is active in community and professional affairs as a member of St Andrews Church, Saint John and New Brunswick Dental Societies, a past member of the National Dental Examining Board and is at present an associate editor of the Canadian Dental Association Journal.

The Corps is indeed fortunate to have an officer of Col Edgecombe's stature as its Colonel Commandant.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Editor's Note:

It is expected that a photograph of Col Edgecombe will be available for publication in the next issue of the Quarterly.

A PRACTICAL PATIENT HISTORY

Major JVP Chatwin, DDS

The value of a good patient history has been stressed by writers in the dental field for many years yet it would appear that few general practitioners consistently take any sort of comprehensive history. While both the specialist and the university have accepted the "whole body" concept in respect to dental treatment, too often in the hustle and bustle of a busy practice, the dentist narrows his concern to the pertinent dental arch. He may fail to consider the part that maladies, past or present, can play in the successful approach to the present dental visit. Most references in the literature to dental history-taking deal with aspects of the subject which are pertinent only to certain specialties or the teaching institution and these are not practical for the general practitioner.

Clark¹ lists several points which he feels to be the absolute minimum of information which the dentist should have prior to any extraction. The patient must be questioned about sensitivity to drugs, difficulty with previous extractions, bleeding, heart disease and his present medical status. This, however, is only a risk survey for surgery. The "whole body" concept of treatment entails asking only a few more questions. Figure 1 shows the patient questionnaire used in our Clinic to help the attending dentist get a better appreciation of the patient's health as a whole. A greater potential risk is evaluated here. Each new patient is given a form to fill out when he presents for treatment. This takes a few minutes of his time while he waits for his appointment. He presents the completed form to the dentist at the chair and a rapid check verifies the statistical data the nurse has written on the patient's new dental chart. Troublesome errors such as wrong initials and addresses are often picked up here. No blank exists on the form for the patient's chief complaint as this form is considered only a risk assessment for dental treatment. It gives the dentist a rapid survey of those medical conditions which have a clear-cut relationship to dentistry. Some constitute absolute contra-indication to specific treatment while others are only of relative importance. Positive notations must be followed up and often can be dismissed as irrelevant or inaccurate on careful questioning. The findings in 1000 consecutive questionnaires are shown in Figure 2.

For this form to be of value the correct interpretation of the positive findings and the modifications necessary to any treatment plan must be clearly understood. This requires an understanding of how pertinent diseases affect the body and dictate modifications of dental treatment. The use of a form history has been criticized but certain specific questions must be answered if the problem at hand is to be fully evaluated. The stereotyped form, though lacking the warmth of the written history, serves a valuable purpose. It is much superior to the automatic recitation of stock questions which, with constant repetition, soon evidences a lack of interest which is readily apparent to the patient.

A review of the literature and consultation with physicians in this hospital suggests the following approach to positive findings on the chart used in our Dental Clinic.

Heart Disease. For all practical purposes, patients with heart disease fall into four main groups; those with: 1. Congenital malformation of the heart and great vessels, 2. Disease of the heart valves associated with rheumatic fever and chorea, 3. Heart disease secondary to high blood pressure and 4. Heart disease due to impairment of the nutrition of the heart consequent upon degenerative disease with narrowing of the coronary arteries. In addition, in this section, must be listed those patients who have no demonstrable heart disease but who have had one or more attacks of rheumatic fever. The danger of injudicious dental treatment lies in its potentiality to exacerbate pre-existing heart disease and to result in the development of a new form of heart disease where none existed before.

Patients with any form of heart disease may get into acute difficulties in the dental chair due, for example, to sudden disturbances of cardiac rhythm. In some of these patients, particularly those with coronary artery disease, a general anaesthetic may be indicated and, in most cases, pre-medication is desirable. In general, vasoconstrictors incorporated in the local anaesthetics used today, are not contra-indicated in the presence of heart disease² but in some hypertensive patients, those with severe coronary artery disease and those subject to sudden disturbances of cardiac rhythm epinephrine should be eliminated.³ In all these conditions, expert medical advice is required. The firm, confident approach to the patient is indicated. Operative sessions should be short and the patient should be allowed to rest before going home.

Important problems which patients with heart disease run into as a result of faulty dental care consist of diseases which are the direct or indirect result of infection. Patients with existing cardiac lesions of the valvular structures whether these lesions be congenital or acquired, are particularly liable to develop infections of the malformed valves consequent upon the ingress of bacteria into the blood stream. Certain other cardiac congenital malformations, although not involving valves, are equally liable to become infected from the same cause. It is well known that transient bacteraemia can follow dental extractions and, not infrequently, bacterial endocarditis may result.^{4,5} It is less well known that minor trauma such as that resulting from operative procedures and tooth-brushing can cause significant bacteraemia especially in patients with gingival infection.⁶ All patients in whom transient bacteraemia would be a hazard should be protected by an antibiotic "umbrella" for a period of at least five days. The antibiotic of choice is penicillin which should be started two days prior to the dental appointment if oral surgery is planned. If given in adequate doses, the penicillin may be administered by mouth but on the day of extraction is preferably given by intra-muscular injection. In cases not involving extraction or other surgical procedures, the operations are kept as atraumatic as possible.

The patient who has had rheumatic fever but does not have rheumatic heart disease presents a special problem. Current opinion favours long-term (at least five years) oral antibiotic coverage preferably with penicillin to guard against further streptococcal infection which may precipitate an attack of rheumatic fever.⁷ Rheumatic fever has been described following mass exodontia⁸ and in patients who have had rheumatic fever and are not currently taking an antibiotic it seems a wise precaution to administer some antibacterial drug preferably penicillin for an adequate period which may, if streptococcal infection is considered likely, be extended for ten to fourteen days.

Patients with cardio-vascular disease may present certain difficulties with regard to post-operative haemorrhage. This is not infrequently the case with hypertensive individuals and especially with those patients who are on long-term anti-coagulant therapy administered usually in the presence of coronary artery disease but sometimes in other heart conditions as well. At the Toronto General⁹ and this hospital patients are given a card outlining the condition and warning them to advise their dentist if dental surgery is planned.

When in doubt about dental treatment for a patient with heart disease, common sense dictates adequate consultation with the patient's physician.

Diabetes. The diabetic is a potential hazard. Press releases by the Canadian Diabetic Association inaugurating Diabetic Detection Week in November 1959, indicated that 600,000 Canadians are known to be diabetic. The disease is somewhat more common in women than in men. The ultimate cause is unknown but diabetes which is essentially a disturbance in the metabolism of carbohydrates and fats is associated with insulin deficiency. The disease can be well-controlled in some patients by diet alone and in others by diet and insulin. Even with the best care diabetics, the young patient in particular, develop long-term complications of their condition, the most important being degenerative vascular disease. Wound healing is generally retarded in diabetics and the blood vessels are often friable. Infection should, if possible, be prevented in the diabetic patient and, if it occurs, should be treated vigorously. Control of the disease can be markedly disturbed by infection and this derangement in metabolism can further aggravate the infective process. This is the case even with relatively localized infection. Clark¹⁰ suggests that it is rational to treat all diabetic patients with antibiotics to preclude the possibility of post-operative focal infection. Not all would agree with this view but each patient should be individually evaluated and in those patients whose disease is controlled only with difficulty, little harm can be done and possibly much good by administering an antibiotic.

In the case of the uncontrolled diabetic only emergency work and this with a physician assisting, should be attempted. In the case of the controlled diabetic pre-operative medication, possibly antibiotic coverage and a local anaesthetic without epinephrine, are suggested as a routine. There is evidence¹¹ that the ischaemia induced by vasoconstrictors predisposes to sloughing of tissue with the consequent hazard of infection. Iodine is definitely contra-indicated for any procedure within the mouth because of its pronounced necrotizing effect on the tissue. This is a factor which should be considered by the hygienist.

Epilepsy. In epilepsy there is a disturbance in the electrical rhythm of the brain which may be focal or generalized, the area of brain involved by the dysfunction determining the type of seizure to which the patient is subject. Some seizures may be manifested by no more than a transient and scarcely perceptible loss of consciousness without any disturbance of posture whilst, in others, the disturbance is so generalized, although it may commence focally, that the patient loses consciousness for a prolonged period and is subject to violent convulsive movements involving the entire body musculature. In many cases the seizure proper is preceded by a warning or aura which is usually distinctive for the individual patient. In a small proportion of cases the cause of the electrical disturbance may be traced to some demonstrable abnormality of the brain such as a scar resulting from birth injury or a space-occupying lesion such as a tumour but in the majority of epileptics, no such

pathology can be demonstrated. Most epileptics can live relatively normal lives with modern drug therapy but it should be remembered that any emotional disturbance may precipitate seizures in these patients. In the dental treatment of the epileptic, therefore, a completely calm atmosphere, free from emotional turmoil, is essential and the use of a pre-operative sedative may be indicated. Should the patient suffer a seizure in the dentist's office, little can be done to influence the course of the attack. However, much can be done to prevent the patient from injuring himself and the dentist's equipment. The danger of tongue-biting is always present and to deal with this eventuality a simple gag should be used. The contention of Burket¹² that fixed rather than removable prosthetic appliances are indicated for the epileptic patient has much to commend it.

Fainting. The patient who reports that he is subject to fainting spells should be carefully evaluated. It is important that the patient with serious organic disease such as cerebral vascular insufficiency or some forms of heart disease and also the epileptic should be distinguished from those individuals subject to simple attacks of syncope. The latter patients should all be premedicated and the local anaesthetic injection made in the supine position. This insures an adequate blood supply to the brain, inadequacy of which is the ultimate cause of all simple faints. These patients all appear to tolerate injection better when in the horizontal position.

Bleeding. The question on the form concerning bleeding brings a great variety of answers and these are often hard to evaluate. This may be particularly the case with a history of excessive menstrual flow or of unusual blood loss at childbirth. The true bleeder is relatively rare. By the time he starts visiting the dentist, his condition has, in all probability, been diagnosed and he is under medical supervision. Excessive bleeding due to disorders of coagulation is so uncommon that the value of routine estimations of various functions of blood clotting is highly questionable. A good history is of the utmost importance. In any case where there is some real doubt concerning a tendency to excessive blood loss, a competent internist should be consulted. This should certainly be done in the case of patients on long-term anti-coagulant therapy. A routine plan of packing and suturing for patients who give histories of prolonged bleeding following cuts or dental extractions will often save a return call with the attendant mess and inconvenience to both patient and dentist. In our survey, 1.5% of the patients gave histories which, on close scrutiny, indicated that for any treatment plan requiring extraction, routine packing and suturing, would be a prudent safeguard.

Drug Sensitivity. The incidence of drug sensitivity reactions would appear to be increasing. The patient with a history of drug sensitivity or of allergy in its broadest sense, should be carefully questioned. Of all the drugs the dentist is likely to use, the one meriting the greatest consideration with regard to sensitivity is penicillin.

Penicillin sensitivity can produce death by anaphylactic shock in a matter of minutes or the same terminal result in hours or days by a variety of mechanisms including purpuric phenomenon, arteritis, bronchospasm and pulmonary or laryngeal oedema.¹³ Patients who give histories of disease suggesting an allergic background such as asthma, dermatitis, hay fever, and eczema are more likely than others to develop penicillin reactions.¹³ Maganzina¹⁴ has shown that anaphylactic reactions to oral penicillin can occur. Welch¹⁵ reports that of 3419 case histories relating to antibiotic reactions in 827 hospitals in the USA, 1070 re-

actions or 31.3% were classified as life-threatening. These included 809 cases of anaphylactic shock, 107 superinfections, 70 severe skin reactions, 46 blood dyscrasias and 38 cases of angioneurotic oedema with cerebral or respiratory involvement. Penicillin was responsible for 793 of the anaphylactic reactions, 47 of the severe skin reactions and 37 of the cases of angioneurotic oedema but for none of the blood dyscrasias and for few of the superinfections.

A review of the literature indicates the following points of general agreement about this antibiotic:

1. The incidence of penicillin reactions has been reported to be between 10 and 15%¹⁶. The purity of the penicillin, the amount administered, the route of injection, the duration of treatment and the presence of other substances in the vehicle appear to influence the reaction.
2. Mild reactions exceed the severe.
3. Sensitivity tests such as the intra-dermal skin scratch and conjunctival tests have not been properly evaluated yet and further are not without danger in themselves¹⁷.
4. All penicillin preparations have been implicated in sensitivity reactions¹⁸.
5. The patient must be questioned specifically concerning penicillin sensitivity before this antibiotic is prescribed orally or parenterally.
6. Penicillin therapy for any condition encountered by the dentist is contra-indicated in patients with positive histories of drug sensitivities or allergies of any kind¹⁸.
7. If penicillin is to be given intra-muscularly by the dentist, a kit for dealing with anaphylactic reactions must be at hand¹⁹. At the very least a vial of adrenaline 1:1000 should be in every dentist's office and in the case of a severe reaction, 0.5 cc should be administered subcutaneously at once.

However serious the penicillin sensitivity problem appears to be, it should not over-shadow the unsurpassed value of this antibiotic nor should it detract from a realistic consideration of the frequency of reactions in relation to the total consumption of penicillin which in the USA during 1954-1956 reached 200 tons annually²⁰.

In our particular survey, 3.6% of the patients were rated penicillin sensitive.

The only other likely preparation commonly used by the dentist which may cause sensitivity reactions is local anaesthetic. This drug may cause local reactions or very infrequently, serious generalized reactions occasionally resulting in death. If the patient gives a history of sensitivity to local anaesthetic, it is wise to determine the nature of the drug used at the time. If this is known, another local anaesthetic, not chemically related and which does not cross-react, should be used²¹.

Medication. It is important for the dentist to know what medicine his patient may be taking. Serious accidents can occur as the result of the cumulative action of certain tranquilizers and other sedative drugs which are readily available to the public with or without prescription. It was estimated in 1957 that three out of every ten prescriptions written in the USA were for tranquilizers²¹. The medicine the patient is taking often gives the dentist a clue to the disease being treated by the physician. It may happen that the patient is not aware of the exact nature of his medical condition or of the possible relationship between this and the proposed dental treatment. Such notations as "nitroglycerine", "anti-coagulant", "nerve pills" or "dilantin" should convey a warning to the attending dentist.

Hospitalization. The reason for questioning the patient with regard to past hospital admissions lies in the fact that most people are only hospitalized for the treatment of their most serious complaints. On the other hand, patients may not realize or in fact may not have been told for very sound reasons, the true nature of their diseases. Where he feels it advisable, the dentist should check with the patient's physician concerning any hospital admission which is not adequately explained. This particular question on the form may often bring out pertinent information which the patient has inadvertently, or, not realizing its significance to the dentist, omitted in the preceding questionnaire.

Current medical thinking accepts the view that the patient cannot be viewed and treated in small fragments by a number of specialists who do not understand each other's work. Similarly, good care of the patient by his dentist requires that the dental problem be viewed in the context of his health in general.

With the emphasis in dentistry changing towards the prevention of disease, it is imperative that the dentist use all the resources at his disposal to prevent, not only dental disease but other disorders. The patient's history questionnaire discussed in this paper is one aspect of a more complete health programme for today's patient. One of the accepted Public Health procedures for mass preventive care is screening. The limitations of the screening process used here are realized but its value far outweigh these limitations.

Figure 1

PATIENT HISTORY QUESTIONNAIREDental Clinic Canadian Forces Hospital

Number	Rank	Name and Initials	Age
1. Have you ever suffered from any of the following: (Circle Answer)			
a.	Heart trouble?-----	(Yes) (No)	
b.	Rheumatic fever or inflammatory rheumatism?-----	(Yes) (No)	
c.	Diabetes?-----	(Yes) (No)	
d.	Epilepsy?-----	(Yes) (No)	
e.	Fainting?-----	(Yes) (No)	
2. Have you ever bled for a long time after a cut or dental extraction?----- (Yes) (No)			
3. Do you suffer from hay fever, asthma, or any allergy?----- (Yes) (No)			
4. Are you sensitive to any particular medicine, aspirin, penicillin, local anaesthetic etc?----- (Yes) (No)			
5. Are you taking any medicine now?----- (Yes) (No)			
6. Are you under a physician's care at present?----- (Yes) (No)			
7. Have you ever been admitted to hospital?----- (Yes) (No)			
If (Yes) what for?-----			

FILL OUT AND GIVE TO DENTIST AT THE CHAIR

Figure 2

DISTRIBUTION OF AFFIRMATIVE ANSWERS ON 1000 QUESTIONNAIRES

Question	No. of Affirmative Answers	Percentage
1. Have you ever suffered from any of the following:		
a. Heart Trouble?-----	11	1.1%
b. Rheumatic Fever, Inflammatory Rheumatism?--	7	.7%
c. Diabetes?-----	6	.6%
d. Epilepsy?-----	2	.2%
e. Fainting?-----	22	2.2%
2. Have you ever bled for a long time after a dental extraction or a cut?-----	15	1.5%
3. Do you suffer from Hay Fever, Asthma or any Allergy?-----	4	.4%
4. Are you sensitive to any particular medicine, Aspirin, Penicillin, Local Anaesthetic, etc?---	50	5%
5. Are you taking any medicine now?-----	12	1.2%
6. Are you under a physician's care at present?---	7	.7%

BREAKDOWN OF SENSITIVITIES

(Question No.4)

Items to which sensitive	Number of Cases	Percentage of sensitive group	Percentage of total
1. Penicillin	36	72%	3.6%
2. Chloromycetin	1	2%	.1%
3. Terramycin	1	2%	.1%
4. Sulpha	8	16%	.8%
5. Local Anaesthetic	1	2%	.1%
6. Aspirin	2	4%	.2%
7. Alcohol	1	2%	.1%

Bibliography

1. Clark, H.B.: Practical Oral Surgery. ed 2. Philadelphia, Lea and Febiger, 1959, p.29.
2. Report of the special committee of the New York Heart Association, Inc., on the use of epinephrine in connection with procaine in dental procedures. J.A.D.A. 50: 108 Jan 1955.
3. Clark, H.B.: Practical Oral Surgery. ed 2. Philadelphia, Lea and Febiger, 1959, p.85.
4. Cobe, H.M.: Transitory bacteremia, Oral Surg., Oral Med., and Oral Path. 7:609, 1954.
5. Coffin, F, et al: Factors influencing bacteremia following dental extractions, Lancet 271: (6944), 654, 1956.

6. Friedberg, C.K.: Diseases of the Heart. ed 2. Philadelphia, W.B. Saunders Co., 1956, p. 865
7. Miller, J.M.: Prophylaxis of rheumatic fever and rheumatic heart disease. New England J. Med. 260: 226-27 1959.
8. Evans, F.J. et al: Rheumatic fever following mass exodontia. J.C.D.A. 25: 427-432, 1959.
9. MacMillan, R.L.: Outpatient anticoagulant therapy. Modern Medicine 15: 87, 1960.
10. Clark, H.B.: Practical Oral Surgery. ed 2. Philadelphia, Lea and Febiger, 1959, p. 77.
11. Burket, L.W.: Diabetes and the dental patient. 58: 81, 1959.
12. Burket, L.W.: Oral Medicine, ed 3. Philadelphia, J.B. Lippincott Co., 1957, p. 294.
13. Martin, F.J.: Anaphylactoid reactions to oral penicillin. Ann.Int.Med.49(3),662, 1958
14. Maganzini, H.: Anaphylactoid reactions to penicillin V&G administered orally. Report of two cases and brief review of subject. New England J.M. 256: 52, 1957.
15. Welch, H. et al: Antibiotic reactions. Antibiot, Med., 4,800 1957.
16. Cecil, R.L.: Textbook of Medicine, ed 10. Philadelphia, W.B. Saunders Co., 1959, p. 445.
17. Nature of Penicillin Sensitivity, Brit. M.J. 787 27 Sep 58
18. Clark, H.B.: Practical Oral Surgery. ed 2. Philadelphia, Lea and Febiger, 1959, p. 389.
19. Becker, R.M.: Penicillinase treatment of penicillin reactions. Antibiotics Annual 1957-58. N.Y. Medical Encyclopedia Inc: 1958, p. 311.
20. Guthe, T. et al.: Untoward penicillin reactions. Bulletin of the World Health Organization 19: 427: 1958.
21. Friend, D.G.: Tranquilizers. Medical clinics of North America. Philadelphia, W.B. Saunders Co., Sep 1958, p. 1253

ARE YOU A DENTAL ASSISTANT OR JUST A HELPER?

By WO 2 Percy R Jones, The RCDC School

As the title suggests there is a vast difference between a dental assistant and a helper. A helper is one who merely stands by and awaits instructions as to what to do next, whereas, an assistant is a person who gets things done, looks for ways of improving or speeding things up, and anticipates what is needed. In the RCDC the assistant is an asset--the helper a detriment.

A good assistant can help the Corps to attain its objective to give the greatest service to the greatest number of service personnel. Dental assistants should at all times realize that they are employed within a highly specialized profession. The dentist in the Corps is constantly endeavouring to improve his knowledge and techniques by individual study, courses or study groups. Is it not just as important for the dental assistant to endeavour to obtain more and more knowledge of his job?

There are many things which you can do to improve your work. Consider what a thorough knowledge of all instruments means, you will know which are required for each operation and can place them out for the dental officer as he needs them, not just when he requests them. Proper care of instruments will result in their being in the cabinet for use, not in dental stores for exchange.

What of clinic maintenance? Here is one factor of your job which demands up-to-date knowledge. The Corps is continually receiving new items of equipment which are of a very sensitive nature and demand much attention. Without

a sound knowledge of equipment maintenance, you can very easily cause the clinic to become non-operational; not to mention the enormous losses entailed in repairing or replacing equipment that is damaged from improper maintenance.

The new dental materials that are purchased from time to time have undergone thorough tests before they are obtained by the Corps. They cannot be expected to fulfil their intended purpose unless they are properly prepared. The manufacturers' instructions, which accompany the materials, must be followed in order to ensure correct preparation.

Also with respect to materials, are you practising economy or are you taking the attitude that "the cost is not out of my pocket, why should I worry?" This is a point to which you should give a great amount of thought - for you as a taxpayer pay for the materials that are used. Remember, waste not - want not.

Both personal and clinical cleanliness are prerequisites to dental assisting. Can you look with pride upon your clinic? If not, you are not doing your job. What of the little details, such as the operating cabinet? If a drawer is opened in front of a patient, is it neat and clean, and are the items in the cabinet neatly arranged on a clean surface? Is the unit polished and free of dust, is the glass in the operating light clean, have you moved the rubber mat and swept the dirt from under the chair? All these things may be noticed by the patient. Small in detail though they may be to you, they loom large in the eyes of the patient and reflect not only on you, the dental assistant, but everyone in the clinic.

The waiting room also requires your attention. Think of your patient's comfort, have interesting magazines or periodicals placed out for his use, but never a trade or professional magazine. Good used reading material can be obtained from Officers' or Sgts' Messes or brought from home.

Keep the relationship between clinic personnel and patients at a high level by courteous and sympathetic treatment of the patient, and by using a pleasant manner both when addressing a person or answering the telephone. Good clinic relations also require that you keep clinic matters in the clinic and not take them elsewhere. If you have a gripe, keep it within the walls of the clinic.

When was the last time you read the Manual of Dental Services? This is a must, for you are the one who is responsible for making up documents, returns and indents. Are you up to date on recent amendments? Are you familiar with changes that have been made in military letter writing? How is your filing system? A thorough knowledge of clinic administration is needed if you are to conduct the business of the clinic in an efficient manner.

The correct stocking of dental stores is an important part of your job, for without this you cannot hope to have supplies on hand in the amounts required and not in excess.

Are you employed in a clinic which has no laboratory technician? If so, is the laboratory as clean as the rest of your working area? Do you have your baseplate trays and biteblocks ready before the appointed time? If not, you are causing inconvenience both to the dental officer and the patient. Careless packing of items to go to the central laboratory results in possible breakage enroute; this will result in the loss of many hours of work on the part of the dentist, the technician, and yourself, not to mention waste of the patient's time.

Some so-called dental assistants have the habit of being everywhere but the place they should be -- at the chair assisting the dental officer. Your officer realizes that you have other duties to perform and expects you to be absent at times from the chair, but he has a right to know where you are if he needs you.

Dental assisting can be what you make it, a pleasant, interesting occupation or drudgery; it is up to you. A thorough knowledge of your job, interest in your patient, a well-operated clean clinic, and pride in your work will show you are a dental assistant and not just a helper.

Just as the dental officer, as a professional man, is bound to certain ethical practices, the dental assistant, through association with the profession must strive for similar ideals. To achieve this the following principles are suggested:

1. Exalt your work and consider it an opportunity to serve the profession of dentistry and people in need of dental care.
2. Increase your knowledge.
3. Develop a sense of protection for the health and well-being of patients by complete and careful sterilization and sanitary precautions.
4. Increase your effectiveness by constant self-improvement.
5. Deport yourself with dignity in keeping with the dental profession.
6. Refrain from critical discussion of other assistants, of your dental officer and the business affairs of the clinic.
7. Determine to give a good performance.

If after reading this article, you can say to yourself, "I do all the favourable things mentioned", then you are a dental assistant, if not, you are a helper. In one case you are an asset to the Corps, in the other a detriment.

WHICH ARE YOU?

ARCTIC INDOCTRINATION

By Major JD Bourque, DDS

The title of this article is a bit of prevarication since Fort Churchill is actually sub-arctic, but for the purpose of its existence, cold weather testing, it is looked upon as being equivalent to the area North of the Arctic Circle in so far as climate is concerned.

The indoctrination is a continuing cold weather exercise, designed to instruct troops in the art of living, fighting and surviving under the arduous conditions imposed by the climate in the regions from here to the North Pole.

The portion of this exercise allotted to the permanent staff of this station is necessarily abbreviated to one week and stresses the survival aspect of the training and familiarization with the equipment used. Every non-categorized

officer and soldier is urged to undergo this training and few RCDC personnel serving in Fort Churchill have missed the enlightening experience. To those of you who will at some future time take part in this training, it is hoped this review will give a preview of what to expect. To those who will be less fortunate and be doomed to complete their careers without having served in Fort Churchill or similar northern establishments, a brief glimpse at the methods for winter living on the barrens will be provided.

The beginning of this exercise is a trip to the quartermaster stores where each candidate is issued the personal clothing and equipment he will use during the week, whether in the classroom or out of doors. A rucksack containing the articles of clothing to be worn, mess tins, cutlery, thermos bottle, compass and sundry items; a complete sleeping bag with air mattress and a pair of snowshoes make up the wardrobe that the well-dressed serviceman must possess to live and survive on the bitterly cold, wind-swept tundra of the northern barrenlands any time of the year, but especially between the months of October and June.

Wearing most of the clothing provided and carrying the remaining items in the rucksack, which is somewhat awkward because the snowshoes are non-collapsible and don't seem to fit anywhere, the hopeful tyros are transported to the training section on a Monday morning. They are shepherded into the main classroom and introduced to the complete training staff, most of whom can still enjoy a good-natured laugh at the often-repeated sight of several members of the class wearing unfamiliar clothing in the most improbable way.

There is very little time for joking however, so that within a matter of minutes formal instruction begins. The group is broken into ten-man squads, and each squad is assigned a team of instructors consisting of one officer and one Senior NCO. These two will remain with their particular group throughout the training period; they will do nearly all the lecturing and instructing to their squads in the classrooms, accompany them personally on the field trips and share the groups' living accommodation during the three days and two nights spent out in the open.

Arctic clothing, what to wear and the proper manner of wearing and adjusting it, is the first consideration. By lectures, demonstrations and practical application, the uninitiated are shown that each article in the wardrobe is specially designed for a purpose and each one, properly used, serves its purpose admirably. From the net vest worn next to the skin to the outer parka jacket and mukluks or overboots, the role of each garment is explained and made familiar to all.

Equipment is considered next. Portable stoves, lamps, cooking utensils and their required supplies are described in detail, then each candidate must learn to operate and service every item. This is done by having each man use the items, dismantle and rebuild them, doing any necessary repairs in the process. The larger equipment is then looked into--sleeping bags and air mattresses are overhauled and assembled, the arctic tent is checked and several test erections done. The freight sled or toboggan is loaded and repacked several times and a few trips on snowshoes organized so that within a couple of days even the most uninitiated is thoroughly familiar with the equipment he must have and be able to use efficiently, if he is to survive in the North.

By Wednesday night, all is in readiness for a three-day field trip and on Thursday morning everyone is given twenty-four hours' field rations. The bulk

equipment and another thirty-six hour ration for the group is packed on the sled and the complete assembly moves away. First by vehicle, a few miles, to the end of the road, where the squads separate. Each man buckles on his snowshoes, makes the necessary outdoor adjustments to his clothing, shuffles into the straps of his sixty-five pound rucksack and sets out across the snow and ice-covered tundra in his previously allocated role--navigator, mileage recorder, sled puller, trail breaker or marching point guide. All change roles at intervals so that everyone gets to do a little of everything.

The directions and destination having been established previously in the classroom, the first day's march is an exercise in map reading, navigation and timing as well as a test in outdoor occupation under frigid conditions. From this time on, during all three days of outdoor living, the emphasis will be "Don't get too warm". This may sound ridiculous, but it is deadly serious. The slightest evidence of perspiration must be checked; it may be very nice to be warm enough to perspire slightly while on the move, but when stops occur, or a less energetic role is undertaken by one who has neglected to make the proper adjustments to his clothing and has permitted himself the luxury of perspiring slightly, the moisture cools very quickly and becomes very uncomfortable. Inner garments are slightly wet, and very, very cold then. If enough moisture soaks into the clothing, and it requires very little for this at forty degrees below zero, it freezes in the pores of the material, destroying its insulating efficiency and the wearer is in trouble. On an exercise of this kind, no serious damage can happen, for such a situation can readily be handled since help is always near at hand, but in almost any other circumstance an oversight of this nature could be literally fatal, since means of drying out are difficult. The few trees seen in small scattered clumps are poor fuel for making a fire, being green and frozen to the consistency of granite.

The other extreme, being careful that exposed or other susceptible parts of the body do not become frost-bitten, is a collective and individual responsibility. Everyone must look at some other member of his squad from time to time, looking for the tell-tale white spots on the face that mean the beginning of frost-bite. Each man must be constantly conscious of his hands and feet. Should they suddenly feel strangely numb, they must be warmed instantly as very painful injury, even to the eventual loss of fingers, toes, hands or feet can occur following frost-bite, depending on the lapse of time permitted between the affection and restorative measures taken. Incidentally, the old saw that seems to persist about thawing out frost-bite by the application of snow or ice to the affected area is nothing but an old saw. The application of mild heat, without pressure or rubbing is the most effective and safest treatment.

With all these edicts in mind, the group snowshoes the several miles to that night's camping area and by mid-afternoon, about one-thirty P.M. of the short winter day here, the various squads are busily occupied in setting up the ten-man tents, building snow-block wind-breaks and excavating snow caves, if a deep enough snow drift is found. Most of the snowfall does not stop here being driven South to the tree-line by the accompanying high north-west winds that seem to be eternally blowing.

While these preparations for a night's shelter are progressing, the day's cook-designate is beginning the evening meal, by lighting the small gasoline stoves, melting ice and collecting the rations to make them into the only hot meal eaten that day. At about six-thirty, having consumed this meal in the congestion of eleven or twelve people in a ten-man tent, almost everyone will

comment, at the risk of being marked as an enemy agent, that the Canadian Army rations for the field provides an excellent hot meal with regards to taste, quality and quantity.

Utensils are then cleaned, pre-bedtime coffee made ready and by eight-thirty all the squads set out on a night compass march which proves uneventful but serves to prepare everyone for a good night's sleep after partaking of a mug of hot coffee or chocolate. By ten-thirty there is a confused shuffling of personnel and sleeping bags and within a very few minutes the first snores are heard. After that, there is only the occasional rustle of someone shifting some articles of clothing inside the sleeping bag to a more protective position; some part of his anatomy was beginning to feel the coldness of the snow floor through the air mattress and sleeping bag. The complete sequence has by this time been duplicated by those ensconced in the snow caves with the exception that they have been sitting around in their shirt sleeves while those in the tents have to wear sweaters; the snow dug-outs apparently being warmer than the tents.

Friday morning arrives and everyone is awake by six o'clock, but no one stirs until the cook, that hard-working individual, has got up, dressed, gassed and lit his lamp and stoves. Then everyone comes to and while breakfast is being prepared, again of concentrated and tinned items, dresses and stows his equipment in the rucksack which had doubled for a pillow. By eight o'clock, the group is ready to move off to the day's new location, usually in the general direction of home. About one-half the previous day's distance is covered, then the pattern is repeated. Preparation of another night's shelter, this time possibly built of rock-hard frozen trees, covered with green branches and snow, nothing more than an open face lean-to, or a snow dug-out, meals cooked with the assistance of thawed-out ice, fuel gathered for the lean-to open fire, then another night of sleep in the open with the temperature between 20 to 40 below zero and the everlasting wind providing a windchill factor that eliminates heat more efficiently than a deep freeze.

This night produces volunteers for fire watchers, really fire builders for everyone quickly agrees that the open fire should burn all night, and it does. Not so bright but early Saturday morning, all squads are again breakfasting and preparing to snowshoe the last lap of the exercise to the road end, where vehicles will lift them back to the training section. On arrival there, the group equipment is completely overhauled and cleaned in preparation for use by the next group of unindoctrinated soldiers.

A newly-indoctrinated, tired but happy group of "Northern experts" rehash the past few days' experiences, chuckle at friends' boners, claim they have thoroughly enjoyed themselves, then proceed to their homes to clean up in more comfortable surroundings. They return personal equipment to the quartermaster stores enroute to the various messes where they proudly exhibit themselves as veterans of a tough campaign which, being successfully completed, now appears quite routine. Everyone is confident that, if the occasion ever arose, he would be able to single-handedly cope with the adversities of outdoor living on the generally inhospitable Northern barrens.

RCDC personnel stationed at Fort Churchill have, with few exceptions, completed the training and like just about everyone else, are agreed that it is an experience they would not have missed. There is always the general feeling however, being human, and accustomed to such comfortable quarters and luxury as is available, that they all prefer to work in their steam-heated clinics and offices to trudging outdoors under heavy packs, on unfamiliar footwear in bone-chilling weather. Who can blame them?

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

AN INTRODUCTION TO 35 FIELD DENTAL UNIT AND ITS ENVIRONS

By Lt Col GR Covey, MBE, CD, DDS

Consequent to the birth of the North Atlantic Treaty Organization (NATO) on 4 April 1949, Canada has contributed 12 Fighter Squadrons in the form of the 1st Canadian Air Division RCAF. Our first peacetime overseas RCAF Base, 1 Fighter Squadron, was opened in North Luffenham, England, in November 1951, consisting of Canadian-built F86 Sabres which were ferried overseas aboard the HMCS "Magnificent". Later a second Squadron arrived in North Luffenham and, in June 1952, the third Squadron arrived overseas by the history making "Leap Frog One" in which the Squadron flew its Sabres from Bagotville, via Goose Bay, Greenland and Ireland.

In October 1952 the first continental base was opened at Grostenquin, France. The second and third bases opened in 1953 at 3 (F) Wing, Zweibrucken, Germany and 4 (F) Wing, Baden Soellingen, Germany. In 1951 1 (F) Wing moved from North Luffenham to Marville, France. 30 Air Materiel Base, at Langar near Nottingham, England, was established to provide logistic support for the whole of 1 Air Division. A large widespread organization of five individual units required a headquarters. This was set up in Paris until 1953, when it was decided that the "Chateau de Mercy" in the Metz Moselle area in France would fill the requirement more satisfactorily.

To meet this new NATO commitment the formation of 35 Field Dental Unit RCDC was authorized in April 1953. The headquarters element, comprising the Commanding Officer, Lt Col WR Cunningham, and the Adjutant/Quartermaster, Capt JF Mullins, arrived at Air Division Headquarters in Metz to lay the foundation for the Unit build-up. During the next few months and into early 1954 the QM and clinical personnel arrived to bring the Unit up to required strength.

At present the Unit Headquarters is located with 1 Air Division Headquarters at the historic "Chateau de Mercy" in Metz, France, with clinics at 1 (F) Wing, Marville, France, 2 (F) Wing, Grostenquin, France, 3 (F) Wing, Zweibrucken, Germany and 4 (F) Wing, Baden Soellingen, Germany.

Chateau de Mercy and Metz

This battle-scarred Chateau serves as the main administration building for Canada's NATO Air Division Headquarters and is located about four and one half miles from the city of Metz, probably the most heavily fortified city in Europe. The Chateau has more than a thousand years of recorded history behind it and stands in the middle of Europe's traditional invasion route. A Roman villa occupied the strategic site during the 3rd Century, A.D. The first written history begins in 926 A.D. From 1404 to 1906 the Chateau was burned to the ground twice and rebuilt. The thirty-five acre property changed hands many times during the First and Second World Wars and was used as a military hospital and holiday camp for children of French Army personnel during the Second World War.

Metz, in the province of Lorraine France, is situated on the Moselle River and has a population of 100,000. Its recorded history goes back more than two thousand years. In 53 B.C. the Romans colonized the area and developed it to a high degree of civilization -- some of the early Roman aqueducts are still standing. During the period 451 A.D., Metz was conquered by the Barbaric tribes of Attila and, after a succession of rulers, was freed in the 13th Century by

the aristocratic forces within the city and became a free imperial city governed by its own nobility. It was during this period that the construction of the famous Metz Cathedral was begun.

In 1552 Metz was besieged and captured by Henry II of France and, although occupied, did not become part of France until 1648. In 1870 the French Emperor, Napoleon III, used Metz as a springboard for war against Germany. The city fell to the Germans and for 48 years (until the end of the First World War) remained German until it was returned to France by the Treaty of Versailles. On 17 June 1942, Germany again occupied Metz until it was liberated towards the end of the Second World War. In Metz can be seen the oldest church in France, St. Pierre-Auz Nommains, constructed at the beginning of the 7th Century.

1 (F) Wing, Marville, France

1 (F) Wing is near Marville, a small village situated in the northernmost part of France, less than a half an hour drive from the Belgium border and very close to the Duchy of Luxembourg. This base is the continental terminal for the RCAF "Comet" trans-atlantic flights from Canada. Many Canadians stationed at 1 (F) Wing live in the small towns immediately across the border in Belgium, within a 25-mile radius of the base, and there are 419 PMQ units at Longuyon, 12 miles from the station.

Marville was for many centuries a fortified stronghold, the walls of which are now in crumbling ruins. In its eastern corner is a unique cemetery with an ossuary which, since the 16th Century, has gathered the bones withdrawn from tombs receiving new occupants. These bones are arranged in orderly piles of skulls and bones approximately one meter in depth and lining three walls. It is estimated that there are some 40,000 skulls of which 12,000 are visible. Pre-historic objects, unearthed at Montmedy a nearby town, prove that Marville was an established community before the arrival of the Romans. In 1916 there was, on the far corner of the present base, a small German airfield commanded by the man who later became Field Marshal Goering. This is truly one of France's most historic regions.

2 (F) Wing, Grostenquin, France

This base, within ten miles of St Avold, is at the entrance to the Saar Valley, and was the scene of some very bitter fighting during the Second World War. Many buildings are pock-marked from the shrapnel and small arms fire of this War and pill boxes and bunkers still dot the agricultural area. Close by is the large military cemetery where hundreds of American dead are buried.

St Avold is located near the iron ore and coal mining area and, in a number of nearby towns the great smelting and processing foundries are located.

Saarbrücken, population 100,000 the capital of Saarland and Saargemündes, population 30,000, the centre of the local pottery industry, are not very far away. One peculiarity of the area is the bi-lingual aspect of the language. Eastward from the base French and German are spoken interchangeably with many older residents speaking only German. The PMQs are close to St Avold, about 12 miles from 2 (F) Wing.

3 (F) Wing, Zweibrucken, Germany

Three miles from 3 (F) Wing is the town of Zweibrucken, population 30,000. In March 1945, this city was bombed by Allied air might and 85% of its buildings and industries were destroyed. These are rapidly being rebuilt. Near Zweibrucken is Pirmasens which produces 40% of Germany's foot wear. About two thirds of the population of this area are employed in agriculture. Some of the world's most famous grapes and grape products are produced here.

4 (F) Wing, Baden Soellingen, Germany

This base nestles at the fringe of the Black Forest on a plateau close to the Rhine River. Close by is the city of Baden-Baden called "The Queen of the Black Forest". The curative powers of the Spas and Springs in this area have a remarkably long record of more than two thousand years, having been discovered by the Romans. The bath establishments are open all year and the famous Casino has been a mecca for royalty, diplomats, financiers, fashionable cosmopolitan gatherings and tourists for decades. In Baden-Baden there are hundreds of hotels of all sizes and prices. The slopes and foot hills of the Black Forest contain many vineyards from which the grapes are made into some of Germany's best wines.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

DIRECTORATE OF DENTAL SERVICES NEWS

Brig KM Baird paid a liaison visit to the Chiefs of the Dental Services of the US Navy, Army and Air Force in Washington, D.C. during April.

Col GB Shillington inspected Militia units on the East coast recently, in connection with the Annual Efficiency Competition. During February Col Shillington took in the annual Mid-Winter Clinic in Chicago and then he and Mrs Shillington continued on a holiday in Louisiana and Florida. In March he addressed a meeting of the London and District Dental Society on the subject of Partial Dentures.

Colonel and Mrs HL Harris got a jump on the golf season by holidaying in Florida during March. Col Harris claims he was hitting the ball as well as he was the height of last season - more strokes please.

Lt Col and Mrs Graham Hamilton also travelled south this past winter. After seeing their daughter married in Lake Valley, Arkansas, they continued on a holiday in Florida. Lt Col Hamilton has just returned from a meeting of the Tri-partite Standardization Committee on Dental Stores held in Washington, DC.

Major John Brick accompanied the Director of Signals on an inspection trip inside the Arctic Circle which included stops at Alert Bay and Thule, Greenland. He provided dental treatment for personnel of the various signal detachments that were visited.

Capt Jim Fletcher is preparing to make the move to Petawawa with No 1 Dental Equipment Depot.

The grant of a classified commission to WO 1 M Kostyniuk in the rank of Lieutenant was announced in February. Lt Kostyniuk was born in Theodore,

Sask and is married with two children. He enlisted in 20 Coy CDC in Regina, Sask in 1941 and has served continuously since as a Clerk Steno and Clerk Adm. During the war he saw service in 20, 33, 40 and 50 Coys, CDC. After the war he served in 11 Coy until transferred to Korea. On his return from Korea in 1952 he was posted to the DGDS sub-staff and from there to 15 Coy in 1953. In 1956 on his promotion to WO 1 he returned to the Directorate where he is currently serving.

Congratulations to Ssgt ESW Moore who was promoted to WO 2 on 16 Feb 60. WO 2 Moore, a native of Windsor, Ont, first joined the Elgin Regt (Reserve) in 1940 and enlisted in the CA(A) in 1942. During the war he saw service as a dental assistant in 21 Coy CDC in the London area and 29 Coy CDC at Camp Borden. After the war Ed served with 13 Coy and in 1951 remustered to Clk Adm. In 1952 he had a tour in Korea and returned to the Dent Eqpt Dep in 1953. In 1958 he became a member of the DGDS sub-staff.

A Mess Dinner for all officers of the RCDC in the Ottawa area was held at the AHQ Officers' Mess on 25 Mar 60. In addition Col AC Leman, Major Jim Andrews and Capt Dan Girard of Trenton and Major WW Anglin of Petawawa attended. The rest of us are still wondering how the syndicate composed of Col Harris, Lt Col Cornish and Major Brick managed to come up with the winning horse in every race.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

WINTER SPORTS IN THE OTTAWA AREA

The winter season which has just drawn to a close found many members of the Corps taking part in local curling activities. The annual highlight for local service curlers is the Inter-Service Bonspiel competed for by 64 rinks from the Navy, Army, RCAF and RCMP. Lt Col John Butler was again a member of Lt Col Bill Timmerman's rink which successfully defended their Main Event trophy. Major Paul Sills of Uplands was a member of the RCAF rink which took the Third event. A rink which included Brig KM Baird and Col "Hum" Harris got off to a fast start but eventually faltered. However, their cry is "Wait till next year". Major Murray Donely still claims that the only reason he was sent on a post-graduate course was to remove some of the stiffer opposition.

Major John Brick emerged the victor in the National Defence Headquarters Rifle Association Annual Indoor Winter Competition. He has been selected as a member of the AG Branch Rifle Team which will compete in the Canadian Army Rifle Championship, the winning team to represent the Canadian Army at Bisley in 1961.

Local RCDC bowlers have again had a successful season. Lt Mike Kostyniuk, WO 2 Ed Moore, Sgt Lloyd Flesher and Cpl Dick Innis were members of the Adjutant-General's Bowling League and Capt Jim Fletcher and Ed Moore participated in the AHQ League as members of a Medical-Dental Team. The statistics show that the Dents have had their share of glory and now they are looking forward to the "wind up" banquets in both leagues.

Volleyball, one of the few sports played on "Gov't Time", was thoroughly enjoyed by the following: Lt Mike Kostyniuk, WO 2 Ed Moore, Sgt Lloyd Flesher, Sgt Ray Hopkins, Cpl Gill Moore and Cpl Tony Strub. Combined with the Medicals and named the "Docs" our boys have made the playoffs in their division.



Cpl Helmut Marckwort, DT Lab at RCAF Station Uplands, was an outstanding member of the AHQ Ski Team which won a home and home series over a team from Quebec Command. The meets were held at Valcartier and Camp Fortune, Ottawa. Cpl Marckwort is pictured receiving an award from Maj-Gen Rockingham, GOC Quebec Command for winning the slalom at Valcartier.

Our only hockey player in the area this year was Cpl Bill Parker of the Dent Eqpt Dep who once again was an outstanding defenceman with the AHQ Hockey Team, the local Inter-Service champions.

THE RCDC SCHOOL

Promotions, Transfers, etc.

Major JE Hughson has taken his release after 11 years of service in the RCDC, in order to engage in private practice in Alliston, Ont, near Camp Borden.

Promotions were announced recently of Major Geoff Bagnall to Lieutenant Colonel and of WO 2 Lorne Proudfoot to WO 1. Lt Col Bagnall, a native of Halifax, NS, has served in the RCDC since graduating from Dalhousie in 1945. He has had tours of duty at Halifax, United Kingdom, Rivers and Winnipeg, Man., Korea and at sea aboard HMCS "Warrior" and HMCS "Magnificent" and is at present instructor in prosthetic dentistry at The RCDC School.

WO 1 Proudfoot enlisted in the CA(A) in 1942 and has served continuously since that time. During the Second World War he was a sergeant dental assistant in various companies in Canada and continued in this capacity until he remustered to a clerk adm in 1952. He has seen service since the war in Prairie Comd, 13 Coy HQ, Trenton, AG Br/DGDS and has been at The RCDC School since June 1957.

Courses

Col BP Kearney has recently completed a post-graduate course in Dental Radiology at the University of Michigan, Ann Arbor, Mich. Sgt Sadler JH completed the Senior Instrs M of I Course and Sgt Tapp JM the Regt First Aid Instrs Course at Camp Borden.

Trips

This year Lt Col Garth C Evans made the annual liaison visit to the Department of Dental Science, Army Medical Services School, Brooke Army Medical Center, Fort Sam Houston, Texas.

Winter Sports in Camp Borden
by Lt Col Geoff Bagnall

This would appear to be a very appropriate time of the year to talk winter sports. At the time of writing we are all waiting for the first patch of green grass to appear, however, we still haven't found the means to dissipate the remaining six odd feet of snow. The most popular extra-curricular activity in Camp Borden is curling. We have had three RCDC rinks representing Dental personnel very actively all winter long.

Our enthusiastic curlers have captured two of the three trophies for the club round-robin, year long draw. First place, for the President's Trophy, was won by WO 1 A Van Ryssel (skip), Lt Col Garth Evans (third), Capt Jim Wright (second) and lead, Sgt Don Playford. The Mary Ross Trophy for third place was won by Lt Col Geoff Bagnall (skip), WO 2 Max Fisk (third), Capt Charlie Casterton (second) with Lt Dave Cartwright as lead.

The administration of the various activities at Camp Borden is allocated to different schools by the Camp Commander, Brig RL Purves. The RCDC School has the curling rink to foster. Lt Col Garth Evans has been president and Capt Charlie Casterton the secretary for the season 1959-60. Both have done a very fine job and we are able to see very definite improvements in facilities and organization. We must also thank Cpl Harold Chamberlain for his hard work and the very fine ice that he mothered all season in his capacity of ice maker.

The Camp Borden Curling Club members have very recently expressed the desire to have additional ice for the ever-increasing number of curlers. There appears to be a fairly good opportunity to obtain a building adjacent to the present club. The plan is to join the two buildings by extending the present club room and put three more sheets of ice in the other building. We all hope this ambitious plan will bear fruit and provide six sheets of ice for future curling in Borden.

The January Clinical Officers' Course arrived here complete with four curlers plus much enthusiasm. This class, consisting of Majors TD Cobb, RA Fell, MP Quinn, WK Dickie, JW Jolly and JCE McDonald is to be highly commended for the very fine trophy they purchased and presented to the School for annual competition. The trophy is to be competed for by the first course in the calendar year. It was felt that the least we could do was to have this group "win" the Trophy for the first year and have their names recorded in history. Major WK Dickie, skip and Majors Cobb, Fell and Quinn being the active members of this rink have been so honoured. Perhaps at some future date, the donors of this Trophy would consider changing the terms of reference for the trophy. We might then think of an RCDC bonspiel as an annual event.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

NO 1 DENTAL EQUIPMENT DEPOT

Major BJH Marchant, who has commanded No 1 Dent Eqpt Dep since April 1957, retired on 31 Dec 59. Bert enrolled in the Cdn Army (Active) on 31 Oct 39 as a private. He was commissioned in 1942 and served in various CDC units in Canada. Major Marchant was accepted in the Regular Army in Oct 1946 as a captain and had tours of duty at 12 Coy, 27 FDU, and AG Br/DGDS. He was promoted to Major in 1957 on assuming command of the Depot. Best wishes are extended to Bert by his many friends in the RCDC for continued health and success.

Capt AW Brusso was promoted to Major on assuming command of No 1 Dent Eqt Dep on 1 Jan 60. Maj Brusso enrolled in the CA(A) on 3 Jan 40, and was commissioned in Dec 44 and promoted Captain in 1945. Al served in Canada and UK during the Second World War and since has had tours of duty at 13 Coy HQ, Trenton, AG Br/DGDS and as 2IC of the Depot.

The Everett's have TOS a daughter Martha Ann wef 5 Feb 60. Another Maritimer destined to be declared an Upper Canadian.

The whole unit turned out to say "Farewell" to Cpl Charbonneau and to wish him luck on Civy Street last month when a "so long Pal" type of evening was held in his honour at the mess.

Miss Margaret "Peggy" Chisholm and Mr Patrick "Patty" Sage left the Depot to accept other positions. These changes were due to the Depot move to Petawawa. We all miss them and wish them every success.

Major Brusso made a liaison visit to Camp Petawawa and reports that the new Depot is about ready for occupancy. A most cooperative Camp HQ Staff is smoothing the way for our arrival there by providing considerable housing accommodation and help in any way they can.

WO 2 Morris, Ssgts Stewart, Hutchison, Conkey, Nixon, Carpenter and Mr W "Bill" Brampton attended a 2-week New Equipment Familiarization Course at this Depot in Feb.

A shop van was requisitioned for January delivery at this Depot in order that certain user trials could be carried out. January was chosen in order to check on the effectiveness of the personnel heater in zero and below weather. It arrived in January all right, but, you guessed it, no heater. In lieu of a heater we received a Certificate of Variance, which is an Ordnance "so sorry" note with a certain fetidness about it. We began at once to process some red tagged pieces of paper and along about the time of the first robin we received a crate containing dozens of pieces of hose, tin, pipes, flanges, bolts etc marked "06213-908B-716ZP - Sec G - ROD - 4U" which means Personnel Heater Kit. You may think that at last we had it made by we know that every silver cloud has a grey lining, and speaking of lining, there on the inside wall of the crate was another "so sorry" note regarding 9 missing heater parts. WO 1 Church came to the rescue at this time and several days later the missing parts had been manufactured by his department. Another week saw the heater installed by RCEME and at last on a sunny day 41° warm with the last of the winter's snow shining in the form of puddles we are ready to test the effects of a "06213-908 etc" Personnel Heater. The weather man has just given us one of his "Certificates of Variance" for zero weather to be delivered next Christmas.

"Sixteen Tons and Whadda ya got". This song title seems to represent the thought of one of our Depot Majors when contemplating the results of throwing curling stones in recent bonspiels.

(Editor's note:

Does this refer to Maj Al Brusso?)

11 COYPromotions, Transfers, etc.

Major J. W. Turner, Currie Barracks, Calgary, has been promoted to Lt Col. Born in Toronto, Lt Col Turner attended Niagara Falls Collegiate and the University of Toronto graduating in 1945. He was appointed to the Corps in the same year and has served in 11 and 15 Coys as well as in Europe and aboard HMCS "Ontario". He is married with four children.

The promotion of Sgt AJ Greco, DT C1 to Ssgt was also announced recently. A native of Revelstoke, B.C. Ssgt Greco enlisted in the RCIC in 1942 and transferred to the CDC in 1944. Since the war he has had postings in 11 and 14 Coys, the RCDC School and Germany. Staff Greco, who remustered to a DT C1 in 1959 is currently stationed at Calgary.

WO 2 "Mike" McMichael who retired from the Corps not too long ago has just completed a period of call out for special duty. He was employed at HMCS "Naden" where his help was much appreciated.

Cpl CC Millard was recently posted to 4 Fd Dent Coy and Cpl GH Taylor was TOS from 1 Queen's Own Rifles of Canada.

Major Frank Charman, Major Leon Richardson and Sgt JM Moore have just been awarded the Canadian Forces Decoration.

Courses

11 Coy personnel who have recently attended courses are as follows:

Lt Col Earl Brown	- Physicians and Dentists	- Civil Defence College, Arnprior, Ontario.
Major JJ Walker	- Medical and Dental Officers NBCW Course	- Camp Borden

The above two officers also attended a Casualty Care Course at the RCDC School.

Major "Ty" Cobb	- Officers Clinical Course	- RCDC School
Major Bob Fell	- Officers Clinical Course	- RCDC School
Major Phil Quinn	- Officers Clinical Course	- RCDC School
Cpl GH Taylor	- Dental Assistant Group 1 Course	- RCDC School
Pte SR Monahan	- Dental Assistant Group 1 Course	- RCDC School
Sgt Merv Fediuk	- DT C1 Group 3 Course	- RCDC School
A/Cpl A Schuh	- Jr NCO Course	
A/Cpl EA Duve	- Jr NCO Course	
A/Cpl PA Coupe	- Jr NCO Course	
A/Cpl EL McInnis	- Jr NCO Course	
Cpl HEG Franzgrote	- Sr NCO Course	
Cpl J Hossdorf	- Sr NCO Course	

Temporary Duty Trips

Capt Kelly, Sgt Olynyk and Sgt Storms of No 17 Clinic, RCSME, Vedder Crossing visited RCAF Stn Holberg during January. Holberg is located on the northern tip of Vancouver Island and is accessible only by boat and aircraft.

Major Charman, Ssgt Hodgkinson and Sgt Thornton of No 25 Clinic, Edmonton enjoyed a two-week period of "rest" whilst rendering treatment to service personnel and their dependents at Fort Nelson, B.C., early in March. Although work continued until late evening each day, detachment personnel found time for play and Major Charman was presented with a curling trophy.

Major Quinn and Sgt Olynyk carried out another visit to RCAF Stn Holberg in March.

Sports

A "Station Stand Down" was declared on 4 Feb 60 at RCAF Stn Cold Lake to permit Station personnel to participate in the Annual "Palm Spiel". Majors Carter and Walker and Sgt Kennedy represented the Cold Lake clinic in the bonspiel.

RCDC personnel of the Griesbach Curling Club fared well in their annual bonspiel. A rink skipped by Major Charman and Sgt Mazerall as lead, Col Millar as second and Col Carson, the Command Chaplain (P), as third, were in the prize money. A heretic rink (no other RCDC personnel) skipped by Capt Woodcock also ended on the prize list. At the annual "Windup" of the club's activities Col Millar presented the prizes. It is rumoured that Col Millar "might" invest in a new curling broom next season, although his present one is only three years old.

Sgt Mazerall has been selected to judge several boxing events in the City of Edmonton Clubs, The Alberta Golden Gloves and the Alberta Area Army Finals.

Miscellaneous

The birth has been announced of a son - Douglas James to Capt and Mrs HJ Sandham at Chilliwack and of a son - Guy Bernard Raoul to Cpl and Mrs HEG Franzgrote, at Whitehorse.

LAW Bernice Rowland of No 5 Clinic, Namao became the bride of LAC P Blake on 5 Mar 60 in a ceremony at the Protestant Chapel, RCAF Stn, Namao. Major "Dad" Richardson gave the bride away.

On 31 Jan 60 Capt Edwardh of No 7 Clinic, RCAF Stn Penhold appeared on the local Red Deer TV station as a guest panelist, the name of the program - "I Choose a Career".

During January Capt DG Gardner of No 8 Clinic, HMCS "Naden" delivered a talk to a PTA meeting at Lampson Street School in Victoria on the subject "Dental Health for Your Child".

Cpl Arnold Felix (Ernie) Dionysius has officially changed his name to Cpl John Dion. All correspondence will now be addressed to "Dear John". John is now a member of RCAF Station Namao Band playing the Bell, Lyra and Drum.

FISHING THROUGH THE ICE

Capt Dorval, Sgts Piche, McFadden and Christiansen and Cpl Hossdorf of No 4 Clinic, Calgary, all ardent fishermen, thought it would be a good idea to try fishing through the ice. Information had been received that Rock Lake was stocked with 250,000 rainbow fingerlings in 1957-58. Equipment such as, fishing lines, stoves, tents, etc., were readied and they met in the early hours of the morning to proceed to Rock Lake which is 110 miles from Calgary. Arriving at Brook about 0800 hours they inquired as to where Rock Lake was located. After a few tries they think they found it, at least they found a lake. Equipment was unloaded and they proceeded to erect the tent for wind protection. This is a feat but they succeeded. The next job was to cut a hole in the ice. Not one of the gang knew the best way to go about such a thing but after a lot of huffing and puffing they made a hole through 18 inches of ice. Cpl Hossdorf, not satisfied, thought he would make another hole, but do it scientifically. After 30 minutes of chopping he had a nice square hole. He was so proud of it he thought they should have another hole further out on the lake but was talked out of this as the idea was to do some fishing. After the holes were ready, lines were dropped in with the necessary baited hooks and sinkers. The liquid refreshments were brought out and they all waited patiently for some action. Apparently the fish had other ideas or someone goofed on the information that this lake was well stocked. Several hours later the creels were still empty. They had lunch, Sgt Piche acting as the chief cook (all from cans), then the long wait again, with the same result - NO FISH. Dejectedly they decided to go home about 1600 hours but spirits were somewhat lifted by stops at small towns on the way to imbibe courage before meeting their wives. All fishing trips are now deferred until spring.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

NO 12 COY

It is with regret we announce the retirement of our Commanding Officer Lt Col WM Sinclair after 17 years' service with the Corps. He proceeds on retirement leave 15 Apr 60.

Lt Col Sinclair was born in Mexico and received his professional education in England, graduating in 1930 with the degree LDSRCS, Eng and BDS in 1931. He has had a varied and interesting career both in military and civilian life serving on staff of the Eastman Dental Clinic, London and the Dundee Dental Infirmary. He commenced his military service in the Canadian Forces in 1940 with the Irish Regt of Canada, transferred to the CDC in 1943 and was employed in Halifax for the duration of the war. Since the war he has served in Central and Eastern Commands as well as instructing in Oral Surgery at The RCDC School and as Commanding Officer of 25 CFDU in Korea. Lt Col Sinclair's field is Oral Surgery and he is the author of a number of professional articles on this subject.

The officers of the unit held a retirement party for Lt Col WM Sinclair at HMCS "Stadacona" Wardroom 26 Mar 60. Lt Col Bill's energy and good fellowship will be greatly missed in the Corps and more particularly in this Command in which he served with such distinction for most of his career. We wish him Godspeed and good fortune in his new appointment in Manitoba.

This party was also notable for other reasons. The officers became embroiled in a charity party next door at a later hour. In the ensuing ticket

draw, twelve of the twenty prizes were won by our officers. The Deputy Director, Col Shillington, was quite embarrassed -- he won the first prize and then three others which he refused to accept.

Lt Col AT Roger has been named to replace Lt Col Sinclair as Commanding Officer, No 12 Coy. The new CO is well known to most members of the Corps by virtue of over six years' service as instructor in Oral Surgery at The RCDC School and latterly as Chief Instructor. He was born in Hamilton but received his early education in Ottawa and graduated from the University of Toronto in 1937. Appointed to the Corps in 1939 he proceeded overseas in 1941 serving for some years with the maxillo-facial team at Basingstoke Neurological Hospital. On demobilization in 1945 he took an appointment with the Department of Veterans Affairs but was re-appointed to the Corps in 1951 and served at Rockcliffe until joining the staff of The RCDC School in 1953.

Lt Col NA Butcher enjoyed his sojourn to Bermuda aboard HMCS "Cape Scott". He says that our USA counterparts there were impressed with our equipment and promptly wired Washington for airtors when they discovered we were using them. A week later it was discovered that their compressor was far too small to handle the pressure and one had to be ordered. Bermuda was cold this year.

Sgt James became airsick walking the Halifax-Dartmouth bridge during the second great snow-storm.

Capt JR "Rod" Fraser has taken his release from the Corps on completion of his tour of duty and will enter private practice in Chester, N.S.

Sports

Capt CD Mollins and Cpl RF Matheson represented Camp Gagetown in the Inter-Service Badminton Tournament in Halifax on 5 and 6 March 1960.

Capt JH Quackenbush skipped the HMCS "Stadacona" rink in the Nova Scotia Briar Playdowns at Bridgewater, NS 8 - 11 Feb 60.

Births

WO 2 and Mrs Hilton Thorsson	-- a daughter	- Joan Ann
Sgt and Mrs Art James	-- a son	- William John
Pte and Mrs JC Bleakney	-- a daughter	- Diane Sue

Awards

Order of The Shovel

To Mrs HC Kirby and Mrs SG Fraser for valiant effort during our heavy snow-falls while their husbands were aboard the "Cape Scott" in Bermuda.

Large White Bird

To Capt IP Hunter for hardship suffered on his liaison visit to Bermuda.

Stop Press

Mrs NA Butcher is to be awarded the Order of the Shovel with one Bar. The Bar was earned by Norm Butcher.

Courses

12 Coy personnel attended a variety of courses during the past few months as follows:

Major CGB Grant	- Periodontics	- University of Toronto
Major J McGaughey	- Crown & Bridge	- University of Pennsylvania
Major IW Susser	- N.B.C.	- Camp Borden
Major WK Dickie	- Officers Clinical	- The RCDC School
Capt ES Morrison	- Officers Clinical	- The RCDC School
Capt VM McMaster	- Officers Clinical	- The RCDC School
Ssgt Stewart RG	- New Equipment Course	- Dent Eqpt Dep
Sgt MacDougall WD	- DA Instructor	- The RCDC School
Sgt Murley DT	- DA Instructor	- The RCDC School
Sgt Pelletier R	- DA Instructor	- The RCDC School
Cpl MacKay FK	- DT Lab Gp 3	- The RCDC School
Cpl Martell CM	- DT Lab Gp 3	- The RCDC School
Cpl Petersen NC	- DT Lab Gp 3	- The RCDC School

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

13 COY

Promotions, Transfers, etc.

Capt PE Fafard's promotion to Major was announced in Jan 60. Major Fafard was born in Eastend, Sask, in 1919 and graduated from the University of Montreal in 1951 with a BA and DDS. During the war he rose from a private to captain in the infantry and was wounded in action. Paul enrolled in the RCDC in 1951 and has since seen service in Quebec Comd, Prairie Comd, Germany and Central Comd and is currently stationed at RCAF Station, Clinton, Ont.

Lt Col SK Oldfield, ED, CD was presented with an engraved silver tray at a party held at 13 Coy HQ, Trenton on the occasion of his retirement on 15 Feb 60. "Skit" as he was familiarly known by his many friends in the Corps received his early education in Halifax and Pictou, N.S., and his DDS from Dalhousie in 1929. Prior to the Second World War he was employed by the Nova Scotia Provincial Govt and was on the staff of Victoria General Hospital. Lt Col Oldfield was a member of the NPAM from 1930 to 1940 when he enrolled in the CA(A). During the war he saw service in Canada, UK and Italy. Since then he has held appointments in Eastern, Central and Western Commands and at The RCDC School. He has accepted a position with DVA on the staff of Sunnybrook Hospital. All members of the Corps wish Lt Col and Mrs Oldfield every success in civilian life in Toronto.

The following Sgts have recently been promoted to Ssgt: AF Davison, JA Fraser and JM Sherry. Ssgt Archie Davison, a native of Maberly, Ontario, is married with six children. He enlisted in the RCA in 1941 and transferred to the CDC in 1942 and has served continuously since that time. Originally a Dental Assistant Archie remustered to Clerk Adm in 1953. He is stationed at 13 Coy HQ in Trenton. Ssgt Jack Fraser is a native of Fort William and is married with two children. He enrolled in 1949 and served as a Dental Assistant in 11, 13 and 14 Coys and in Korea. Staff Fraser remustered to a DT Cl in 1939 and is currently

serving in Petawawa. Ssgt John Sherry is married with three children. He saw service as a chair assistant during the Second World War in Canada, UK and North-west Europe. Staff Sherry re-enlisted in 1952 and after qualifying as a Dental Assistant saw service in 13 Coy and in Germany. He remustered to the trade of DT Cl in 1959 and is presently serving at CFH Kingston.

Pte "Des" Desharnais has taken his release after nine years' service and plans to spend a few months in Winnipeg before entering the construction field in Venezuela. We wonder what Steamship Co. is supplying a ship to carry his royal-sized wardrobe and Hi-Fi set.

Capt L Dombowsky recently re-opened the clinic at Camp Ipperwash with Pte PJ Dumas who was posted from CFH, Kingston.

Cpl AA Lawrence was posted from RCAF Stn Aylmer to the clinic at HQ Eastern Ont Area, Kingston.

Sgt MM Armstrong RCAF (WD) was posted from RCAF Stn Centralia to RCAF Stn Aylmer since airwomen are no longer employed at Centralia.

Sgt AJ Tait was posted from London to RCAF Stn Centralia.

Cpl Rene Tremblay was posted from Trenton to RCAF Stn Clinton following successful completion of the DT Lab Group 3 course.

Mrs G Willy, civilian dental assistant, moved from the HQ Eastern Ont Area Clinic to the CFH, Kingston.

Courses

The following 13 Coy personnel have recently attended courses as indicated:

Lt Col Bill Jackson	- Partial Dentures	- USNDS Bethesda, Md
Major Jim Andrews	- Complete Dentures	- U of Michigan
Major Murray Donely	- Complete Dentures	- U of Pennsylvania
Major Jim Jolly	- Officers Clinical	- RCDC School
Cpl Dick Innis	- Sr NCO Course	- Camp Borden
Cpl KR Shappee	- Sr NCO Course	- Camp Borden
L/Cpl JF Kennedy	- Jr NCO Course	- 2 RCR, London
Pte Keith Dodd	- Jr NCO Course	- 2 RCR, London
Pte PJ Dumas	- Jr NCO Course	- 2 RCR, London
Pte CU Forsythe	- DA Gp 1 Course	- RCDC School
Pte RL Geddes	- DA Gp 1 Course	- RCDC School
Pte CStC Sabine-Pasley	- DA Gp 1 Course	- RCDC School
Pte RH Stenabaugh	- DA Gp 1 Course	- RCDC School

News Briefs from 13 Coy

The dental curling team at No 2 Clinic, Clinton comprised of Sgt MA Craig, skip, Major Paul Fafard, third, Capt F Buschlen, second and Major Len Pierce, Lead, won the Molson Trophy in the station bonspiel.

Capt JG Boucher of No 3 Clinic, Petawawa, has received notice of a posting to Metz, France and is now in the process of applying for passports. The clinic staff are quite concerned for his health at this moment, in so far

as to date the only needles he has received in his army tour have been polio shots. He says "needles do not bother me". Brave talk; but they are all waiting anxiously for his comments after the experience. Hope he has treated all those Med patients with the best of care, as revenge can be a very horrifying experience.

Ssgt Jack Fraser visited Borden as a member of the Petawawa curling team. Doing the natural thing he visited The RCDC School to say hello to his friends. Jack commented that it is a good deal more pleasant to visit the School than to be a student.

To Sgt and Mrs Bob Goodwin of Petawawa a daughter - Janet. Bob, like Jack Fraser, is a true-blooded Westerner and will not be convinced that Ontario is truly the heart of Canada.

The month of April will see the advance party of the Dent Eqpt Dep move to Petawawa. All personnel of No 3 clinic extend a warm welcome to their Storemen and Equipment Repairmen comrades, even though it makes the PMQ waiting list longer.



No 3 Clinic personnel decided to enter a team in the Garrison Volleyball League this past winter and although they never set the world on fire they were complimented by the Camp Commander for a good showing by such a small unit.

Players left to right: Pte JEN Boucher, Sgt CH Adams, Cpl WR Dawson, Capt JG Boucher, Sgt JA Fraser, Sgt R Goodwin.

Absent: Major Wally Anglin and Capt JSE Doiron

Major Ed Small, HQ Central Comd, was recently interviewed on radio station CHWO, Oakville, Ont, as part of a community relations program put on by the PRO. The interview has a question and answer format and elicited Ed's attitude towards service life, different postings and the feelings of his family toward a service career. Also brought out was information about modern equipment used by the RCDC and the standard of dental care available to service personnel.

Col AC Leman, Major Jim Andrews and Capt Don Girard, all of Trenton, attended a dining-in night held by the officers of CFH Kingston at the RCEME Officers' Mess. Members of the Kingston and District Dental Society also attended. The meeting was addressed by Dr KJ Paynter, Director of Graduate Studies, Faculty of Dentistry, University of Toronto on the subject - "Dental Research".

Major Andy Andrews recently addressed the medical staff of CFH Rockcliffe on "Surgical Correction of Mandibular Prognathism".

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

14 Coy

This Coy welcomes the re-introduction of an RCDC Newsletter in the form of the RCDC Quarterly and the opportunity to acquaint other members of the Corps with events in Manitoba and Saskatchewan Areas.

Contrary to the general belief (and past experience), the winter now drawing to an end has been a mild one by Western standards, with a minimum of snow in most regions. Snow shovel sales have been poor, at least in Winnipeg.

Curling has once again been the major sport at all stations with various bonspiels conducted. Possibly the most enjoyable spiel was held in Winnipeg recently for dental personnel from all clinics. No 4 Clinic at Camp Shilo captured the trophy this year.

Curling will be a thing of the past when this issue goes to print and the golfing will take the spotlight. Also a popular sport at all stations (excluding Churchill), it is expected that a full and enjoyable season is in prospect. A planned indoor golf programme will tone up the enthusiasts before the season starts.

HQ and No 1 Clinic personnel and their wives recently held a successful skating party (outdoor variety). A good time was reported with a minimum of freezing and a maximum of aching muscles.

14 Coy has recently enjoyed its share of courses for personnel. Some of these are:

Lt Col Purdy	- Advanced Dentistry	- Washington, DC
Major Muller	- Crown and Bridge	- Ann Arbor, Michigan
Major McDonald	- Officers Clinical Course	- The RCDC School
Major McDermott	- Officers Casualty Care Course	- The RCDC School
	- ABC 4 Med & Dent Offrs Course	- JABC School
Ssgt Nixon	- New Eqpt Familiarization	- Dent Eqpt Dep, Ottawa
Cpl Walker	- Jr NCO	- Wainwright
Pte Fenton	- Jr NCO	- Wainwright
Pte MacDonald	- DA Gp 1	- The RCDC School

Movement within the Coy Area has been restricted to normal liaison visits by HQ personnel, and a "Five Dollar Tour" won by Capt Bunt who was recently posted from Montreal. Capt Bunt was no sooner settled in Winnipeg than he was away to Moose Jaw, Portage la Prairie and Gimli as a replacement dental officer. He reports an enjoyable trip and recommends his travel agents to anyone with itchy feet.

Sgt Hamilton was recently congratulated on the birth of twin daughters; however condolences swiftly followed when the death of one infant occurred within a few hours of birth.

The coming summer will see many old faces disappear from the Western scene, as postings are effected. These include:

Major McDonald	-	Middle East
Major Bourque	-	Montreal
Major Brown	-	Germany
WO 2 Loken	-	France
Sgt Savoie	-	Petawawa
Sgt Gagnon	-	Middle East
Sgt Arseneault	-	Montreal
Sgt Cahill	-	Germany
Cpl Hussey	-	Montreal
Sgt Pierce	-	Goose Bay

In addition the Far North will welcome Major McDermott and Cpl Buchholz during the summer, and civy street will claim Capt Campbell, Capt Claman and LAW Hall.

On the credit side of the posting ledger, we welcome back LAW Solomon to Gimli and look forward to Capt Bunston's return from France and his movement to Moose Jaw.

Capt Evans has been selected for summer employment as Adm Officer at Clear Lake Cadet Camp, Wasagaming during part of June and all of July and August.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

15 COY

Much water has passed under the bridge since the RCDC Newsletter was discontinued and the personnel of No 15 Coy extend congratulations and condolences to the members of the Corps for the happy and sad events which occurred over the intervening years and will commence again with news items from 1 Jan 60.

Col Marsh was recently guest lecturer to the second year dental students at McGill University. His subject was "Motives and Values in Professions".

Double congratulations are extended to the McKennas by virtue of the birth of their fifth child - Alana Frances Mirielle and Capt McKenna's promotion to Major on 1 Mar 60.

Major McKenna, a native of Sherbrooke, received his undergraduate dental education at the University of Toronto graduating with the class of '41. In 1949 he graduated from the same university with a DDPH. He enrolled in the RCDC in 1951 at St John's, Nfld and has served in Korea, 11 Coy and 15 Coy. He is currently employed at Quebec City.

Congratulations are also due Capt and Mrs. JL Bertrand for a son, Joseph Charles Paul, born on Christmas Day.

15 Coy has had its share of personnel on the sick list with Majors Bob Dyer and Ed Fraser and Capt Jack Harrison laid up.

Postings

Our loss and No 14 Coy gain occurred on 4 and 5 Jan respectively when Sgt CA Young and Capt RD Bunt were posted from this unit.

Courses

15 Coy personnel have attended the following courses recently:

Major ED Fraser	- High Speed Orientation	- USNDS, Bethesda, Md
Major AR Ramsay	- Periodontics	- U of Toronto
Major JM Smith	- Pedodontics	- U of Michigan
WO 2 Cross AG	- DA Instructor	- RCDC School
Ssgt Fortin RG	- DT Cl Gp 4	- RCDC School

Ssgt Hutchinson JW	- New Equipment Familiarization	- Dent Eqpt Dep
Pte Fret JAJ	- DA Gp 1	- RCDC School
Pte Thompson RF	- DA Gp 1	- RCDC School
AW 2 Boyko VJ	- DA Gp 1	- RCDC School
AW 2 Lingenfelter JM	- DA Gp 1	- RCDC School

Releases

A number of 15 Coy personnel have been lost to civilian life. Major Bob Guay has entered private practice at Ste Foy, Que. Sgt Mongeau JAM, Cpl Cordeau RNJ and Pte Duchesne Y, all DTs Lab, donned civies on 14 Feb.

Public Relations

Col TL Marsh and staff at HQ 15 Coy and personnel of the new No 17 Clinic located in downtown Montreal have been doing an excellent job of Corps public relations.

The first of these activities is concerned with providing an opportunity for the Ladies' Auxiliary to St Mary's Hospital, who act as dental assistants in the dental clinic for needy patients, to observe dental assisting at No 17 clinic.

The second activity was to conduct a professional program at the clinic and adjacent COTC lecture rooms and lounges of Sir George Williams University for the Montreal Dental Nurses and Assistants Association. For the benefit of anyone planning a similar evening for a group of this kind the program and staff used follows:

1945 - 2000 hrs	Guests assembly
2000 - 2010 hrs	Guests welcomed on behalf of the General Officer Commanding, by Command Dental Officer, Colonel TL Marsh
2010 - 2030 hrs	Short explanations of functions, selection and training of DAs in RCDC by OIC Clinic, Major Ramsay
2030 - 2110 hrs	Film on Respiratory Resuscitation Techniques provided through DGDS
2115 - 2230 hrs	Simultaneous demonstrations to small groups that were moved from demonstration to demonstration so that all guests saw all demonstrations.

There were six different demonstrations as follows:

1. Stores control and storage - Unit QM, Capt Jacob
2. Radiation Hazard Control in the Clinic - Senior Dental Assistant - WO 2 Cross.
3. Non-consumable Equipment and Supplies - Dental Assistant Group 2 - Cpl Werkmann.
4. Routine Maintenance of High Speed Equipment - Unit Equipment Repairer - Ssgt Hutchinson.

5. Laboratory Technique for Dental Assistants - Senior Dental Technician Laboratory - WO 2 Pritchard and Dental Technician Group 3 - Sgt Hussey.
6. Exhibition of Types of Equipment used in Artificial Respiration - Chief Clerk - WO 2 Jackson and Clerk Group 3 - Sgt Carrier, of this Unit HQ staff, also members of the Unit First Aid Team.

Two civilian Dental Assistants, Miss Fortin and Mrs Lecompte employed in other local clinics, also assisted in a variety of ways.

The evening closed with coffee and light refreshments, provided by the visitors, served in the lounge of Sir George Williams COTC Contingent.

The personnel of No 15 Coy who took part in these programmes deserve congratulations for a fine effort.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

35 FD DENT UNIT

Lt Col GR Covey presented a paper on "Airotors" at a meeting of the Western Germany Armed Forces Dental Society on 10 Feb. Majors George Windsor and Peter Falkner and Capt Marshall also attended to give the CO moral support.

Major George Windsor and WO 2 Dick Lobb spent two weeks on the Italian island of Sardinia providing treatment for RCAF personnel there.

Capt AL Kelland and Cpl Mary Ellen Clark were posted from 30 AMB Langar, England to Baden Soellingen, Germany in Feb. The clinic at Langar is now dormant.

Congratulations are due Major and Mrs. Al Taylor for a son, James Garvey, born 28 Dec 59.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

CDN DENT DET UNEF

Although a news submission was not received from Major Carmichael's gang in the Middle East in time for publication, we have come into possession of a letter written by Capt Lee Reynolds to Lt Col WM Sinclair which we feel is most interesting, humorous and worthy of publication. It follows in part:

"During my stay here I have been on a number of tours. It was my privilege to spend Christmas in Jerusalem. I expect that Jerusalem could be disillusioning to the more religious, but with my ignorance of biblical history, etc, I was able to enjoy it immensely. I have also visited Cairo twice and had the pleasure of a few nights at the fabulous Nile Hilton Hotel. Jack Davis and I had breakfast on the balcony of the 6th floor facing the Nile, and if this is a sample of how the "filthy rich" live, I am all for it. We went on a tour of Luxor to the "Valley of the Kings", and the site of the ancient city of Thebes. This is about 500 miles south of Cairo and probably the most interesting part of Egypt. After a week-end in Luxor we returned to Cairo and were exposed to some real Egyptian belly dancing. The city, although offensive to the smell, is very interesting."

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

DENTAL LIBRARY
TORONTO

Royal Canadian Dental Corps

QUARTERLY





To all members of the Royal Canadian Dental Corps may I send very cordial greetings. I feel highly honoured and indeed privileged to have been appointed your Honorary Colonel Commandant.

Our Corps is one of which we are justifiably proud. In addition to its many salient features it has earned an enviable place in the top bracket both within and without the Commonwealth. I now observe that the Royal Canadian Dental Corps is still progressing so let us keep up that team work which has been the basis of its phenomenal growth and advancement. I shall keenly look forward to many pleasant associations with you in the days that lie ahead.

John F. Edgeworth

Honorary Colonel Commandant
Royal Canadian Dental Corps

E R R A T A

Due to a printing error the photograph on page 7 should have been printed on page 32 with "Sgt Joe Gravelle's Au Revolt". The photograph on page 32 should appear with the article "The Canadian Dental Association".

TABLE OF CONTENTS

	<u>PAGE</u>
Editorial	1
National Survival Training for RCDC - Baird and Brick	2
The Corps Badges - Cornish	4
Undercut Material - Hall	5
Fluoridization Program for Children of RCDC Personnel in Ottawa - Protheroe	6
The Canadian Dental Detachment UNEF - Eastwood	7
An Evaluation of Oral Antibiotics in Dentistry - Andrews	10
Retention for Cast Gold Acrylic Veneer Crowns - Hall	15
4 Field Dental Company - Cunningham	16
New Dental Officers	18
Informal Instruction 60/1	19
Directorate of Dental Services News	20
No 1 Dental Equipment Depot News	21
The RCDC School News	22
11 Coy News	23
12 Coy News	25
13 Coy News	26
14 Coy News	28
15 Coy News	30
4 Field Dental Company News	31
35 Field Dental Unit News	31

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE RCDC QUARTERLY

Published by authority of Brigadier KM Baird, Director
General of Dental Services.

Editorial Board: Col GB Shillington
Lt Col JG Butler
Maj DH Protheroe

E D I T O R I A L

The Editors of The RCDC Quarterly are most gratified with the fine reception given the first issue. All copies of the initial printing were "sold out" in record time and, indeed, it has proved necessary to keep the file copy of the "Quarterly" under lock and key. Many complimentary remarks and letters have been received, not only from members of the Corps, but also from our Board of Consultants and members of the civilian profession. As a result, the circulation of this and future issues will be enlarged to include the Canadian Dental Schools, the Surgeon General and the Chiefs of the United Kingdom and United States Dental Services. With your aid, and as we gain experience, it is hoped that future issues will continue to improve and be a source of information concerning the activities of members of the Corps and a worthwhile addition to the Dental Literature of Canada.

The Editors wish to thank the various units of the RCDC for their co-operation in submitting news items and articles for the current edition. With few exceptions, material submitted has shown great improvement in organization and literary style. This has made our work immeasurably easier since the amount of time required to edit and re-write material has been reduced to a minimum.

Finally, you are reminded that articles, whether professional, technical or of a more general nature, may be submitted at any time. An article will not necessarily be published in the issue immediately following its receipt but it may appear later, depending upon content and the amount of material we receive. Remember that you, the contributors, are ultimately responsible for the overall success of our "Quarterly".

NATIONAL SURVIVAL TRAINING FOR RCDC

Brigadier KM Baird, OBE CD QHDS DDS FICD
and Major JC Brick, DDS

The problem of training for a role in National Survival has been a particularly persistent and aggravating one for the RCDC. Until a year ago it held a comparatively low priority in our planning with a correspondingly slow rate of progress. However, in May of 1959 the Department of National Defence was assigned certain responsibilities in survival operations which in turn were re-assigned to the Army and as a result the necessity was pointed out for increasing our efforts at once. Although the Militia component of the Army was more directly affected in its organization and training, the regular force has also been involved to the extent that, in the RCDC, the scope and standard of training is now the same for both components. The method of training and the stage at which each phase will be undertaken will of necessity differ but the ultimate aim is for all officers and men and eventually all personnel employed with the Corps in both components, to be trained to the same standard commensurate with their field of employment.

The training program for our role in survival operations consists of the following four main parts: First Aid; Common to all Corps National Survival; 24 Basic Nursing Procedures; and Casualty Care. Development of this program has been relatively slow since in many cases it was necessary to depend on other services for the initial training of our instructors and for general guidance in formulating our policy. The Canadian Forces Medical Service has, of course, been a most co-operative and valuable source of assistance and has endeavoured to integrate our efforts in the general plan as fully as possible. Although their program has been delayed somewhat due to the re-organization of the CFMS Training Centre at Camp Borden an increasing demand on their resources is expected for the future. The US Navy Dental Corps who have had a course in casualty care in operation for some time have been particularly helpful not only in training our instructors and assistants at their own School in Bethesda, Md., but in loaning instructors to initiate the courses at The RCDC School in Camp Borden. The US Army Dental Corps have also extended every possible assistance in helping us get our program under way.

Actual commencement of the overall program was initiated in April 1957 when a directive was issued by DGDS requiring certification in First Aid for all ranks of the Corps. Prior to this, individual officers had attended various courses in Canada and the US but now first aid training was to be considered the first essential for the Corps collectively. At the present time almost 90% of all ranks of the RCDC(R) are certified by the St. John Ambulance Association in the Fundamentals of First Aid. This is a continuing commitment for new members entering the Corps as well as for requalification of those already certified.

In January 1960 an instruction was published by Army Headquarters which outlined the role of the RCDC(M) in National Survival. Employment of the Corps in the early stages was to assist the CFMS in their role of the care, sorting and evacuation of casualties. Subsequent to this phase the RCDC was to resume to the required degree its normal role and to establish an emergency dental service as necessary. Training for dental officers was to be initially in the field of emergency health services in such procedures as were recommended by the CFMS and included radiation hazards; estimation of casualties in a thermo-nuclear attack; the casualty treatment of shock, haemorrhage, abdominal wounds, burns, fractures, head and neck wounds; establishment of an airway; field anaesthesia; resuscitation; wound ballistics and debridement; parenteral therapy, and medicaments. Training for other ranks was to

be initially that for a Casualty Aide Man in the 24 Basic Procedures of Nursing Care for seriously or dangerously ill casualties. This included being capable of carrying out the procedures involved in the preparation and reception of patients; basic nursing; standard and emergency care of patients; and being able to assist in the advanced procedures of casualty care. In addition the RCDC Casualty Aide Man must know the seven procedures involved in Dental First Aid. Training of all personnel for the provision of an emergency dental service was to continue at the same time.

Dental Officer training in Casualty Care is progressing well. At the present time a five-day course is being presented at The RCDC School for both militia and regular force officers. This is being conducted as a separate course for the militia during the summer and in conjunction with all regular qualifying and clinical courses during the winter. Vacancies on the winter courses for militia officers are also available in limited numbers. During the past year 52 officers from militia dental units received training on the one summer course held and one militia dental officer attended the training during the winter when four courses were presented for 31 regular dental officers. This course will continue to develop as new training aids and methods become available with the aim of having all officers attend at least once every three years.

Training of instructors and assistant instructors in the 24 Basic Nursing Procedures has not as yet formally commenced but this is planned at least in part, for the coming winter. This program is designed as the principal training for all other ranks of the Corps but it will also be a requirement for officers, both dental and non-dental, in order to familiarize them with the duties of all personnel and prepare them to instruct and supervise. It is hoped that such a course will become available for other ranks of the militia dental units during the summer of 1961 and will serve to provide a nucleus of instructors and assistants for each command.

There are, of course, broader aspects of National Survival training which are applicable to all Corps of the Army and which Dental Corps personnel must study as part of their qualifying courses. These cover such subjects as Nuclear Bacterial and Chemical Defence; the role of the Canadian Army as a whole in survival operations; the role of the CFMS in National Survival and its organization; Nuclear Warfare; the organization of Civil Defence in Canada and many others. In addition, vacancies are available at the Civil Defence College, Arnprior, Ont for selected officers to attend such courses as the Physicians' and Dentists' Indoctrination Course, for which, to date, approximately 38 regular dental officers have qualified along with a considerable number from the militia dental units.

The question of where and how the Dental Corps will fit into the plan for survival operations is one which apparently has caused a great deal of concern to a large number of people. This is a problem which we feel will be handled effectively and promptly by the CFMS if and when the time arises but only if we, as individuals, have prepared ourselves to assume the tasks assigned. The CFMS has evolved and is developing a comprehensive plan for its mission in the collection, sorting, initiation of medical care for, and evacuation of casualties. It involves the employment of all medical and para-medical personnel who are expected to be available at the time and provides for Field Ambulances with medical companies and sections for the collection, sorting and evacuation of patients as well as for Voluntary Aid Detachments, Red Cross, St. John Ambulance etc to handle the problem of domiciliary care. It would seem reasonable to assume that given the proper training, RCDC personnel should find little difficulty integrating themselves into the medical plan to good advantage either individually or collectively. The initial period of survival having been terminated the RCDC should then be prepared to resume their normal role and to organize an emergency dental service to the extent necessary. This latter role is one for which we have been preparing for some little time and requires no further elaboration.

A good training program in the field of emergency health services is for the dentist somewhat similar to a properly developed life insurance program. Whether or not the initial aims are ever achieved, there are many advantages and benefits which accrue from having implemented and fulfilled each stage of the plan as designed for our particular advantage. There is no question but that any dentist is a more useful and valuable member of the profession if he has conscientiously prepared himself for his role in a national emergency. There was in Canada in 1959 approximately 84,000 doctors and nurses as compared to 6,000 dentists. Our contribution appears therefore to be relatively small but in effect it can be made important out of all proportion if we are all trained to a common minimum level.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE CORPS BADGES

Lt Col CM Cornish, CD DDS

During the relatively short period of history in which our Corps has been in existence, three different badges have been worn by its members.

The first of these badges originated during the First World War. When the Canadian Expeditionary Force was formed and sent to Europe, its badge consisted of a Maple Leaf with a crown and the word "Canada" superimposed. This Force was formed separately and bore little relation to the existing forces in Canada. With a few exceptions regiments were given a number, not a name. As the war continued and formations proceeded overseas the only significance the badge possessed was that those who wore it were recognized as Canadian. Soon, however, battalions designed new badges bearing the name of the city or area in Canada where they were formed. Some units divorced themselves completely from the basic maple leaf design while others used the leaves as a wreath.



The badge for the Canadian Army Dental Corps was originated by the late Colonel J.A. Armstrong of Ottawa and consisted of an arch surmounted with a crown, the whole superimposed upon a maple leaf. The word "Canadian" was in the arch and between the pillars were the words "Army Dental Corps (OS)". The (OS) meant overseas and corresponded with those of other overseas units of the C.E.F. The issue badge was brass and the officers' badge bronze.

The arch used in the badge was taken from the Sublime Degree of the Holy Royal Arch Masons, symbolical of the mouth, the chief entrance to the human body, man made in the image of God, figurative of the entrance to the Holy of Holies in the Temple of Jehovah and analogous to the medical corps badge, a serpent set upon a pole.

Later in the war another style appeared, a partially oxidized brass badge of somewhat better design, with a larger crown and bearing the words "Canadian Army Dental Corps (DS)". This is the badge in the accompanying photograph. It is of interest to note that an authoritative work titled "Cap Badges of the Canadian Expeditionary Forces 1914-1919" claims that the (DS) on the oxidized brass badge is a manufacturer's error and should have been (OS).

The Militia component of the Dental Corps in the Canadian Army was authorized on the 20th April 1915, vide General Order No 103a, with the designation "Canadian Army Dental Corps". During the First World War the Corps provided personnel under the supervision of the Director of Medical Services for the Canadian Corps in France, and under the Director of Dental Services for troops in the United Kingdom and Canada. This Militia component was disbanded on 1st November 1920 and authorized again on 15th June 1921 with the same designation. In 1928 a new badge was authorized with the letters CADC in a monogram encircled by maple leaves surmounted by a Crown. The Regular component of the Corps was authorized on 31st August 1939 with the designation "The Canadian Dental Corps". Because of its tri-service role the word "Army" was dropped from the title, however, the 1928 badge with the CADC monogram was used throughout the Second World War.

On 15th January 1947 the Regular and Militia components were redesignated "The Royal Canadian Dental Corps" and the current badge designed with the letters RCDC in a monogram encircled by maple leaves and surmounted by a crown.

UNDERCUT MATERIAL

WO 2 RW Hall, CD

When information was received that it would not be possible to replace the present undercut material when stocks become depleted, it seemed desirable to search for a substitute. After many trials and tribulations a material has been developed which may provide a solution. It has been named: Ralph Hall's "The Answer" Blocking Material (Pat. Pend.).

This material is quite comparable to the present issue in quality and is easy to prepare. The necessary ingredients, plasticine and inlay wax, are readily available and preparation is as follows:

1. Soften 10 dwt of Kleen Klay non-drying grey plasticine over low heat in a metal dish. (The issue metal ladle is just the right size.)
2. Add 4 sticks of Kerr's Blue Inlay Wax and stir thoroughly while hot until the mass is evenly blended.
3. Pour into a mold and allow to cool. It has been found that this amount just fills an empty blocking material jar.

"There is not one single thing in preventive medicine that equals mouth hygiene and the preservation of the teeth"

-- Sir William Osler

FLUORIDIZATION PROGRAM FOR CHILDREN OF RCDC PERSONNEL IN OTTAWA

Major DH Protheroe, DFC CD DDS MPH

The use of a fluoride salt, applied topically to the teeth of children has been, for more than ten years, an accepted dental procedure for the partial prevention of dental caries. Until recently, a 2 percent solution of sodium fluoride was the commonly used source of fluoride and, although effective, it was time consuming in that it required four appointments to complete the treatment.

Studies published over the past several years on the clinical effectiveness of stannous fluoride indicate that this compound is not only more effective but the anticipated benefits can be achieved by a single application of an 8 percent solution. It was decided, therefore, to purchase stocks of stannous fluoride to be used on dependent children in areas where the RCDC is responsible for their dental care, and for use on children in other areas at the discretion of the local dental officer. It was recognized that it would be impossible to provide this service for all dependent children but, it was considered that at least children of RCDC personnel could receive the benefit of this treatment through the voluntary services of our personnel during off-duty hours.

Accordingly, a program was organized for the children of Corps personnel stationed in the Ottawa Area at the Directorate, No 1 Clinic and No 1 Dent Eqpt Dep. A brief description of this program follows as an example which may be helpful to dental officers in arranging similar programs in other areas.

The first step taken in organizing the program was to sell it. That is, personnel, as parents, had to be informed of the benefits of stannous fluoride applications and given an idea of the procedures which would be carried out on their children so that they would desire the treatment for their children and co-operate in carrying out the program. This was accomplished by circulating a memorandum containing pertinent information to all personnel involved. In smaller groups this could be accomplished just as well by word of mouth. Participation in the program was, of course, voluntary and nominal rolls of children whose parents desired them to receive the treatment were drawn up. Two Sunday afternoons in May 1959 were chosen for the first applications in order to avoid any interference with the regular dental service in the clinic.

All Corps personnel whose children were receiving the treatment participated in the exercise either in the actual treatment role, as dental assistants, or in traffic control to the operating rooms. A total of 58 children were treated in 1959 and 45 in 1960. It was found that approximately 35 minutes were required to complete each child and that it was most difficult to perform the treatment effectively on children under 5 years of age.

It was generally felt by most dental officers taking part that children who had received an application the year previously had benefited immensely. In many of these children no carious lesions had developed since the first application.

The enthusiasm displayed by personnel participating in the program has been most heartening and as a result it is planned to make the program an annual event in Ottawa.

THE CANADIAN DENTAL DETACHMENT UNEF



Cpl CC Eastwood

Since personnel of the 4th Contingent Canadian Dental Detachment now feel qualified as true desert-soiled veterans, this seems an appropriate time to put on paper some aspects and impressions of a tour of duty with UNEF. While we hate to disillusion those who arrive in Egypt expecting to find a Hollywood sound-stage version of the desert, complete with dancing girls, we would like to reassure those people who have resigned themselves to a barren existence in a tent surrounded by miles of nothingness.

The Canadian Dental Detachment is located in the UNEF Maintenance Area (Rafah Camp), the main supply and maintenance base for UNEF, which is situated in the Gaza Strip about five miles inland and halfway between the towns of Gaza and El Arish. The distance between Gaza and El Arish is approximately 58 miles.

Of the other National Contingents comprising UNEF (Yugoslavs, Brazilians, Danes, Norwegians, Swedes and Indians), only the Indian Battalion does not have its own dental detachment. The dental health of Canadian Army and RCAF personnel and the Indian Battalion is the responsibility of the Canadian Dental Detachment. The senior Canadian dental officer holds the appointment of Senior Dental Staff Officer UNEF, and is responsible to the Commander UNEF on all matters concerning the dental health of the Force.

The Yugoslav Battalion is located near El Arish, the Brazilian Battalion at Rafah village, the Swedish and Danor (combined Danish-Norwegian) Battalions at Gaza, and the Indian Battalion at Deir-El-Balah, ten miles from Rafah Camp on the way to Gaza. 115 ATU RCAF and the UNEF airstrip are located near El Arish.

The Canadian Dental Detachment lines are at the edge of the southeast corner of Rafah Camp and consist of three buildings, one of which is used as the UNEF Medical Equipment Depot and is staffed by RCAMC personnel. Of the two dental buildings, one contains four operating bays, a dental laboratory, offices and darkroom, and the other is the quarters for RCDC other ranks and personnel of the Medical Equipment Depot.

Although no building in camp can be truthfully called impressive (at least, not in the accepted sense of the word), dental personnel are well aware that our Detachment is one of the better-looking group of structures to be seen. The buildings are joined by a covered pathway, and we can ever point proudly to three palm trees and two pomegranate trees which grow bravely between the clinic and the quarters. No one has yet been able to solve the mystery of how five trees came into existence in this one particular spot, particularly as trees of any shape or form are not exactly plentiful in camp. The present UNEF Maintenance Area was once part of a large British Ordnance Depot which was maintained here for many years, and it is assumed that we have to thank some aesthetic Englishman for our green quintet.

Rafah Camp is surrounded by barbed wire, guards and searchlight towers - rather a forbidding combination when one first arrives, but one of many things which one quickly learns to accept, irksome as it may be at times.

The distance around the camp perimeter is approximately five miles. Although frowned on by the guards, personnel get to know some of the Bedouins who roam this part of the desert, especially the children, who are constantly at the fence asking for water, candy and cigarettes. Like children everywhere, they are hard to refuse.

From time to time, Bedouins can be seen out on the desert ploughing with their camels in valiant attempts to get something to grow in the unending and barren sand. Theirs is a hard life indeed, and one is vaguely surprised that they still manage to appear happy.

Working hours during the summer months (April - October) are from 0700 to 1300 Monday through Saturday, and during winter from 0800 to 1600. Many people are surprised at how cold it gets during the winter in Egypt - one somehow automatically associates the Middle East with perpetual heat.

Winter also brings heavy rains and sandstorms. Rainfall this past winter has been below average, and while UNEF personnel are grateful for this fact, it has entailed additional hardship for the Bedouins, to whom the rain means so much.

The Egyptian summers are, of course, all that a sun-worshipper could desire - bright sunshine and high temperatures every day, with rarely a cloud in the brilliant blue sky. Personnel serving with UNEF are at least guaranteed a first-class tan.

We have found that insect life, if nothing else, flourishes in this part of the world. The warm weather, especially, brings forth an alarming array of grotesque creatures that fly, jump and crawl. Even the ants all seem to be the large economy size, although personnel regard them with much less alarm than they do the scorpions, lizards and snakes.

Recreation facilities are quite good. Most sports are available in camp, and there is even a golf course, spectacularly known as the "Bedouin Golf and Country Club", which boasts a good membership, although the course itself is little different from the rest of the terrain in camp. There is also a recreation centre, with a good library, pool tables, table tennis, weight-lifting equipment and a reading room and, of course, movies play at several messes throughout camp every evening. Now that summer has returned, the beach is very popular. We are able to enjoy a good beach which is reached via Rafah village, and is reserved for UNEF personnel.

Facilities for leave and tours are very good. Special UNEF leave of $2\frac{1}{2}$ days per month is granted to all personnel during their tour of duty with UNEF. A Leave Centre (UNEF) is operated in Cairo during the winter months, and in Beirut, Lebanon, during the summer. Welfare tours organized by UNEF HQ in Gaza are very popular. The best of these tours, by common assent, is the Jerusalem tour, which lasts for either three or four days. This tour includes, in addition to visits to most of the holy places and Biblical sites in Jerusalem itself, trips to Bethlehem, the River Jordan, Jericho and the Dead Sea. Another excellent tour is one that gives personnel an opportunity to visit the Valley of the Kings, where so many of ancient Egypt's pharaohs are buried, and the temples in Luxor and the dead city of Thebes.

Cairo can also be visited on week-ends. A bus leaves camp at 0600 on Friday mornings, and reaches Cairo around noon. The journey itself is long, but interesting. There is little but desert to be seen between El Arish and Ismailia, but once one crosses the Suez Canal at Ismailia a fresh-water canal which runs from Ismailia to Cairo spawns green fields, farms, trees and flowers. The sudden and remarkable difference produced in the scenery by this canal dramatically points up the tremendous importance of water to the people in this part of the world.

A flight over the River Nile is even more impressive, the river with its narrow borders of fertile land winding for hundreds of miles like a ribbon of green through the vast expanses of yellow desert. One can readily appreciate why the Nile is known as the "lifeline of Egypt".

Personnel occasionally visit Gaza, mostly on shopping expeditions, there being little of beauty or interest in the town, which is very dirty. Apart from Gaza's history in connection with the Egyptian-Israeli problem, one of its more enduring claims to fame is that it is the place where Samson is believed to have destroyed the Phillistine temple. Samson's tomb can be seen on the outskirts of the town. Gaza does, however, have a very good beach, although it is normally crowded with local inhabitants.

A large proportion of the Gaza population consists of Palestinian refugees. One of the larger UNRWA refugee camps and food distribution centres is located near Gaza, which personnel are able to visit on welfare tours. A visit to this camp reminds one of the very worthwhile job that UNRWA is doing, and how much its facilities help to alleviate the plight of the more than 200,000 refugees in the Gaza Strip.

Canadian personnel are also able to tour that portion of the Egyptian-Israeli International Frontier which is patrolled by the Fort Garry Horse. The Fort Garry's operate from Rafah Camp and also maintain outposts along the frontier.

We all hope that this brief outline of the Canadian Dental Detachment in Egypt will prove of some benefit to those who are anxious to add the Gaza Strip to their travel itinerary. A tour of duty with CBUME has its drawbacks, as is only to be expected, but compensations there are, if one is prepared to make the most of them.

In closing, we would like to add that if anyone wishes more detailed information on any aspect of this modest summary, our travel agent will be happy to be of assistance.

"Dentistry is that branch of health service which deals with and has almost sole charge of the diseases and abnormalities of the oral cavity and its immediate environs. Although separate from medicine, it is closely associated with it and functions as an important specialty in health service. Its practice includes not only the prevention and treatment of oral diseases and abnormalities, but also the mechanical and artistic repair and restoration of dental tissues damaged or lost by disease or injury. Through its art, science and practice, dentistry conserves the health, physiologic function and esthetic appearance of the mouth, and by the elimination of oral infections, it contributes very largely to the general health and welfare of the individual."

-- Russell W. Bunting

AN EVALUATION OF ORAL ANTIBIOTICS IN DENTISTRY

Major AG Andrews, DDS

The development of new drugs continues at a rate of approximately 550 preparations per year, or more than one a day. Many of the enthusiastic claims made by manufacturers are not borne out in actual practise and as a result it is desirable to use only those products certified by an ethical independent organization. Such a body is the Council on Dental Therapeutics of the American Dental Association which, after thorough tests, approves or disapproves drugs submitted to them for acceptance.

The increasing number of oral antibiotics and other anti-infectives which are being produced, and the difficulties associated with their use and dosage forms, has resulted in a situation which at times borders on complete chaos. Oral antibiotics have been the subject of criticism in the press, and the House of Commons, as well as investigation in the US by Senator Kefauver's Special Committee on Drugs. Because of this and the dangers associated with indiscriminate and haphazard use, it is particularly important that we re-examine our position and identify the problems which are being created.

The promotional literature which describes these drugs lists capsules, tablets, solutions and ointments. Penicillins are either long-lasting or short-acting; buffered or non-buffered; benzyl, benzathine or phenoxymethyl derivatives. They are manufactured as a penicillin entity or in synergistic combination with other antibiotics, chemotherapeutics or fortified by vitamins and any combination thereof. Either apothecary or metric values are used. One 250 mgm unit of a product does not contain the same amount of penicillin as a competitor's product. Some are described as giving a "broad spectrum" effect, others as "broad coverage". One manufacturer will claim his product imparts a very high and rapid blood level and maintains this for a prolonged period of time above the therapeutic level, while another, whose product does not produce such a high blood level, will question the necessity for a level higher than the therapeutic level. Another, whose product barely exceeds the therapeutic level claims that it remains in the blood stream much longer than others. He justifies the value of his product by means of a research claim which presents the theory that a relatively small percentage of penicillin is used in actual therapy, since this antibiotic is reversibly bound by serum proteins, liberating as little as 25% in some cases to effectively combat an infective process¹. Some are bacteriostatic, while others are bacteriocidal.

The inherent difficulty is further compounded by still other problems. These include the dentist's reluctance to write prescriptions, an apathy which is being dispelled, however, by the imperative use of these agents. As Kutscher² states: "Dentistry has now taken proper cognizance of antibiotics, even indulging (as has medicine) in their indiscriminate use".

Finally we are confronted with a variety of trade names and volumes of promotional material, a great deal of which is discarded because the majority of us do not make an effort to read the material, cannot evaluate the claims, or are genuinely suspicious of certain "Madison Avenue" advertising techniques.

Objectivism in Oral Antibiotic Therapy is Dependent upon:

1. A bacterial evaluation of the infection.
2. Selection of the most effective drug.
3. A prescription which provides an adequate therapeutic or prophylactic dose.

1. Bacterial Evaluation of the Infection

Theoretically, bacterial evaluation and choice of drug is best made on the basis of laboratory disc or tube dilution procedures. In most cases, however, the lack of readily available laboratory facilities, coupled with the necessity to institute immediate treatment, requires dependence upon systematic empirical judgement and clinical acumen.

The organisms most commonly located in the oral cavity and its associated regions include staphylococci, streptococci, lactobacilli, actinomyces, fusobacteria, anaerobic vibrios, spirochetes, yeasts and fungi. Since most will take either a gram positive or gram negative stain they are usually referred to as either gram positive or gram negative organisms. Those that do not may, for purposes of simplicity, be grouped in either classification since they possess similar characteristics.

The bacterial composition of infections of dental origin are predominantly gram positive with some gram negative elements.

2. Selection of the Most Effective Drug

It is generally accepted that penicillin is still the drug of choice in treating the gram positive dental infection in most cases. There is, of course, sufficient in vivo and in vitro evidence to substantiate the theory that this drug should always be the first consideration. Exceptions to this include known cases of penicillin allergy and ineffectiveness due to acquired resistance. If a substitution must be made, the choice should be restricted to the Tetracycline complex, Erythromycin, or some Sulpha complex.

No others have met the rigid standards of the Council on Dental Therapeutics of the American Dental Association in the treatment of dental infections. This is not to infer that other drugs including streptomycin, dihydrostreptomycin, tyrothricin, carbomycin, oleandomycin and chloramphenicol have no value. They are extremely valuable drugs where specifically indicated, but because some have not been evaluated in so far as their routine use in dentistry is concerned, while others are prone to side reactions, it is suggested that their use be restricted to those cases indicated by laboratory sensitivity tests³. Sensitivity tests are indicated when the infection continues to resist a single antibiotic, a synergistic combination, or when there is any sudden rise in temperature or white blood count during a course of therapy.

There are three sources of reference material available to dentists to aid them in the selection of drugs:

- a. Accepted Dental Remedies;
- b. Vademecum International; and
- c. Brochures published by the individual pharmaceutical houses, prepared specifically for dentists and listing all of the products considered useful to them.

Accepted Dental Remedies is published annually by the Council on Dental Therapeutics of the American Dental Association. It includes information concerning drugs of recognized value in dentistry, drugs of uncertain status more recently proposed for use by dentists and some drugs once employed extensively but now generally regarded as obsolete. Since the highest ethical and scientific principles are rigidly enforced by the Council in determining the value of drugs, this publication is considered to be a constant standard of reference.

The Vademecum International is published annually by J. Morgan Jones Publications Ltd. and subsidized by most of the pharmaceutical manufacturers both domestic and foreign. Each manufacturer lists most of his major products with descriptive monographs, indications and dosage forms. This publication is most comprehensive and enhances the information contained in Accepted Dental Remedies.

Dental brochures along with advertising literature published by the individual drug companies, while necessarily restricted, are also very useful and provide all of the information available concerning a single trade name product.

When properly selected, prescribed and administered, the oral antibiotics available today are equal to and, in some instances, will surpass parenteral injections. From the standpoint of the patient alone it is a much more desirable method of administration. From the standpoint of the dentist, who usually refers his patients for parenteral injections, it provides him with the opportunity to maintain personal control over the program of therapy.

Penicillins

These are available in three basic oral forms:

- a. Benzyl Penicillin G in either the potassium or ammonium salt,
- b. Phenoxymethyl Penicillin, and
- c. Benzathine Penicillin G. They are provided as tablets, capsules or solutions. Descriptive examples of each may be found in Accepted Dental Remedies or the Vademecum International.

Tetracyclines

From this composite group is derived three distinct drug forms - Chlortetracycline hydrochloride (Brand name: Aureomycin), Oxytetracycline hydrochloride (Brand name: Terramycin) and Tetracycline hydrochloride (Brand name: Achromycin, Tetracyn etc.)

These so-called broad spectrum drugs are clinically more bacteriostatic in their action than bacteriocidal and their predominance of use appears to be resolving to tetracycline hydrochloride. While both oxy- and chlortetracycline forms are listed in A.D.R. their tendency to produce undesirable side reactions has resulted in their being displaced by the more common tetracycline hydrochloride.

Erythromycin

This drug was first isolated in 1952 and is available in two basic forms, the original which is prepared under the trade names Ilotycin and Erythrocin and the newest compound (erythromycin proportionate) prepared under the trade name Ilosone. Its spectrum is similar to that of penicillin and its greatest use is in the treatment of gram positive infections, especially those resistant to penicillin. The proportionate form is reported to result in a slightly earlier therapeutic concentration in the blood. The levels are also reported to be somewhat higher and of a longer duration.

Sulphonamides

The sulphonamides frequently predispose to toxic reactions and sensitization in patients and their use in the management of dental infections has been largely

superseded by the antibiotic group. If, however, they are to be used in instances where the organism does not respond to the selected antibiotic or the patient is generally allergic to antibiotics, they may be employed provided the choice is based on bacteriologic diagnosis, knowledge of the mode of action of the drug in vivo, and knowledge of the management of any toxic reactions which may result. There is evidence to suggest that the manufactured combinations of the drug containing equal parts of sulphadiazine, sulphamethazine, and sulphamerizine or the single entity sulphasoxazole (Brand name: Gantrisin) will impart a therapeutic effectiveness with less danger of toxic reactions.

Chloramphenicol

The indications for chloramphenicol (Brand name: Chloromycetin) are similar to the tetracyclines. The clinical results obtained in the treatment of systemic infections have been very significant, but its role in the treatment of oral infections has not been adequately delineated. In addition, several reports of aplastic anemia following chloramphenicol therapy have appeared in the literature ^{4,5}. Since other antibiotics are available it is considered advisable to avoid its use in oral infections.

3. Adequate Therapeutic or Prophylactic Dose

The written prescription which is the order or authorization to the pharmacist to provide a patient with a specific drug, carries with it a responsibility involving not only the pharmacist, but also the dentist and the patient. The dentist must choose a specific drug from a large variety available. Having selected the drug he must prescribe it in an adequate dosage form, of sufficient quantity to be taken at specified intervals and for a definite length of time. Herein lies any disadvantage which may be attributed to oral antibiotics, for successful treatment must of necessity depend upon complete patient co-operation. A typical prescription for a tetracycline hydrochloride may be written:

CANADIAN FORCES

PRESCRIPTION

Date

Number Rank

Name

R

Capsules tetracycline hydrochloride 250 mgm

Disp 12

Sig One capsule every six hours before
meals and at bed time

To exert their maximum effectiveness most oral antibiotics should be taken on an empty stomach. In addition, the entire amount prescribed should be taken. In too many cases a patient will stop a course of therapy when he begins to "feel well". It is true that the infection is often obliterated, but only

because it has been reduced in intensity to a point where the body's own natural defences can complete the process. The host organism becomes partially resistant and as these inadequate treatments are administered from time to time, the resistance of the organism increases to the point where a specific antibiotic becomes ineffective. In other cases, while the patient conscientiously follows directions the drug dosage may have been inadequately prescribed.

In every case the patient should be impressed with the fact that he must take the complete course of therapy and the dentist must be absolutely sure that the dose is correct.

Summary

A systematic approach to the use of oral antibiotics involves:

- a. a bacterial evaluation of the infection, either clinical or with laboratory assistance.
- b. selection of the most effective drug.
- c. a prescription which provides an adequate therapeutic or prophylactic dose.

Most infections of dental origin are gram positive and the drug of choice in treating such infections is penicillin. Any substituted choice should be restricted to one of the tetracyclines, erythromycin, or sulphonamides. Other drugs may be indicated by sensitivity tests.

When properly administered, oral antibiotics may equal or surpass parenteral injections.

It is extremely important, when ordering antibiotics, to prescribe adequate dosage. It is equally important for the patient to complete the entire course of therapy.

References

1. Smith et al. Antibiotics Annual 1956-57 New York Medical Encyclopedia Inc., 1957, p. 306.
2. Kutscher A.H., Some Considerations Pertinent to Antibiotic Therapy in Dental Practice 25:68 C.D.A.J. Nov., 1959.
3. Accepted Dental Remedies 25:76, 1960.
4. Clauden, D.B. and Holbrook, A.A. Fatal Aplastic Anemia Following Chloramphenicol Therapy. J.A.M.A. 149:92 July 1952.
5. Smiley R.K.; Cartwright, G.E. and Wintrobe, M.M., Fatal Aplastic Anemia following Chloramphenicol Therapy J.A.M.A., July 1952.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

RETENTION FOR CAST GOLD ACRYLIC VENEER CROWNS

WO 2 RW Hall, CD

A common problem associated with laboratory procedures is retention of the acrylic veneer in open-face cast-gold crowns. Two methods are commonly used to secure acrylic to gold. The first is to undercut the gold body of the casting but, often, there is insufficient room and the acrylic tends to peel away from the gold. The second method, which gives better retention, is to tie a loop in a nylon bristle or filament and seal it in wax to the open face of the waxed-up model. Unfortunately, this is a difficult operation to perform.

In order to overcome this difficulty a variation of the nylon technique has been devised as follows:

1. The crown is carved in wax in the usual manner.
2. Using a No 6 root canal reamer bore four holes (two in the mesial and two in the distal) through the open-faced section of the crown as shown in figure 1. For best results there should be a mesio-distal divergence (figure 2) but each pair of holes should converge to lingual (figure 3).
3. Place the ends of the nylon bristle or filament through the holes (figure 4) and seal one end only on the lingual.
4. Draw up the loose ends until two loops of the desired size are formed and seal in position.
5. Cut off the excess nylon with a hot Ward #1 carver or other suitable instrument.

NOTE: Do not burn out too quickly in the furnace or the nylon will scuff the inside of the mold and a rough casting will result.



Figure 1

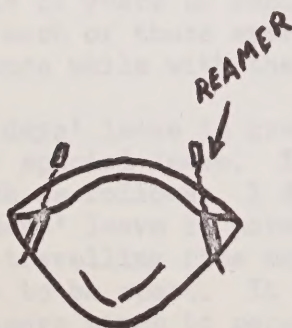


Figure 2

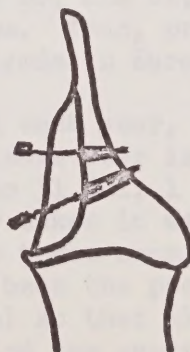


Figure 3



Figure 4

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

4 FIELD DENTAL COMPANY

Lt Col RHG Cunningham, CD DDS

No 4 Field Dental Company is a unit of 4 Canadian Infantry Brigade Group charged with the responsibility of providing dental treatment to that brigade group. There are six dental officers in the company including the CO and all officers provide dental treatment.

To give some idea of how the company is deployed it is necessary to describe the deployment of the brigade group which is based on three German towns in Westphalia, from east to west, called Soest, Werl and Hemer. Around each town are three camps, making nine camps in all, which are called forts and given names taken from Canadian history. One or more units are normally situated in each fort as follows:

SOEST

Fort Henry	-	Bde HQ
Fort York	-	Inf Bn
Fort Chambly	-	Dent Coy, OFP, Recce
		Sqn, Fd Wksp, Tpt Coy

WERL

Fort St Louis	-	Inf Bn
Fort Victoria	-	Fd Sqn
Fort Anne	-	Fd Amb

HEMER

Fort Beausejour	-	Armd Regt
Fort MacLeod	-	Inf Bn
Fort Prince of Wales	-	Arty Regt

There are two DOs for each area, however, the DO at Fort Anne provides treatment for bde HQ at Fort Henry as well as for the fd sqn and the fd amb.

Two major brigade exercises are held each year. It has been the practise for the last couple of years to send one DO, one DA, one DT Lab, two dvrs and two mobile clinics on each of these exercises. Thus, practically all personnel get some field experience while with the brigade in Europe.

Forty-five days' leave is granted each year, composed of 30 days' annual leave and 15 days' special leave. The leave year is divided into three periods of four months each as follows: 1 Apr to 31 Jul, 1 Aug to 30 Nov and 1 Dec to 31 Mar. Fifteen days' leave is normally taken in each period and, in addition, up to eight days' travelling time may be taken once during the year depending on where the leave is to be spent. It has been the practise in 4 Field Dental Company to allot certain leave times to personnel so that all ranks will be sure of getting their full quota of leave, keeping in mind the overriding principle that dental coverage must be maintained in all areas at all times. This system has worked out well and has allowed personnel to see as much of Europe as money and inclination have permitted.

For the most part, travelling in Europe is cheaper than in Canada but it can be expensive if the family is large and tastes range to the luxurious. Hotel accommodation, particularly in Germany, is cheap and clean and the food is quite good. To

a greater or lesser degree this applies to the rest of Europe. There is a welfare officer in each of the brigade forts who will supply details and arrange accommodation if a family so desires. These welfare officers are very helpful, particularly, where there is a language problem involved.

The camping facilities in Europe are quite good and are listed in various books. More and more Canadians are buying tents and trailers and quite a few are taking them back to Canada, thus, providing a solution for high travelling expenses with a large family.

Canadians have gone almost everywhere on leave except to certain areas which are forbidden, such as Berlin, where there is no Canadian diplomatic representation. Holland, France, Belgium, Southern Germany and England are some of the favoured spots.

Not every married soldier can be provided with a married quarter, thus there are a considerable number of families "living on the economy". Rents are cheaper than in Canada but there is usually a language problem. Germans almost always go more than half way in overcoming this difficulty. Canadians are remarkably lazy when it comes to learning a foreign language.

It might be mentioned that it is impracticable to find accommodation on the economy for personnel posted to the company who have not been allotted a PMQ. There are two major reasons for this:

- a. Personnel of 4 Fd Dent Coy cannot be expected to search for accommodation for somebody else since we are too thin on the ground and time is lacking.
- b. There is no guarantee that the person arriving would be satisfied with the accommodation arranged. This could lead to a bad situation particularly if a payment or binding arrangement was made.

Consequently, personnel are well advised to leave dependents in Canada until they are sure of adequate accommodation. This may seem like a hardship but works out better for all concerned in the long run.

Finally, a word about PMQs. These are fairly adequate but the demand is greater than the supply. Furniture, rugs and dishes are supplied as well as washing machines and vacuum cleaners. Until recently the vacuum cleaners were of very poor quality but a new model is being issued which works quite well. Cutlery, silver and linen as well as pictures and the like must be supplied by the individual.

It is not advisable to bring a radio from Canada since excellent ones may be purchased in Germany, besides, the Canadian Army station and the British Forces network are on frequency modulation.

NEW DENTAL OFFICERS

A friendly welcome is extended to our sixteen new dental officers who entered the Corps following graduation this spring. It is hoped that they will find service life a pleasant experience and that many will see fit to choose the RCDC as a career. Their "vital statistics" follow:

Capt PJJ Coulombe, BA, DDS. U of T - Hometown, Toronto - 27 years old - Single - Posted to Camp Shilo.

Capt EW Gazo, DDS. U of T - Hometown, Windsor - 23 years old - married - Posted to Trenton

Capt LG Gray, BSc, DDS. Dalhousie - Hometown, Halifax - 29 years old - married - Posted to Currie Barracks, Calgary.

Capt Y Kamachi, BA, DDS. Dalhousie - Hometown, New Westminster, B.C. - 26 years old - married - Posted to HMCS "Naden", Esquimalt.

Capt PP Morin, BA, DDS. U of T - Hometown, Regina - 25 years old - married - Posted to Cold Lake, Alta.

Capt OA Tucker, DDS. U of T - Hometown, Woodstock, Ont. - 26 years old - married - Posted to Winnipeg.

Capt AJCJ Vachon, DDS. U of T - Hometown, Sturgeon Falls, Ont. - 23 years old - single - Posted to Camp Petawawa.

Capt FC Arpin, BA, DDS. U of Montreal - Hometown, Tracy, Que. - 26 years old - single - Posted to Fort Churchill.

Capt JR Boulay, BA, DDS. U of Montreal - Hometown, St. Hyacinthe, Que. - 25 years old - married - Posted to The RCDC School.

Capt DS Campbell, DDS. Dalhousie - Hometown, Charlottetown - 27 years old - married - Posted to HMCS "Stadacona", Halifax.

Capt WTH Hartley, BSc, DDS. U of A - Hometown, Edmonton - 25 years old - married - Posted to HMCS "Naden", Esquimalt.

Capt JJR Houde, BA, DDS. - U of Montreal - Hometown, Sherbrooke, Que. - 26 years old - single - Posted to Winnipeg.

Capt BG Johnston, BSc, DDS. - Dalhousie - Hometown, North Sydney, N.S. - 31 years old - married - Posted to Camp Gagetown.

Capt JGB Parent, BA, BSc, DDS. - U of Montreal - Hometown, Rimouski, Que. - 27 years old - married - Posted to St Johns, Que.

Capt M Petryk, DDS. - U of A - Hometown, Atmore, Alta. - 26 years old - single - Posted to Cold Lake.

Capt J Vincent, BA, DDS. - U of Montreal - Hometown, Montreal - 26 years old - married - Posted to Goose Bay.

SPECIMEN LETTER NO 4632A-1/12Informal Instruction 60/1
Compassionate Postings - How to Avoid

Dear Sir:

I have just been posted as a single officer to No ___ clinic in No ___ Company. Please do not get me wrong, because I am not unhappy here and, furthermore, I might even like it but there are certain factors which perhaps were overlooked by you when I was selected for this choice position. I, therefore, am taking the liberty of bringing a few of these to your attention and at the same time requesting a return posting as quickly as possible back to _____ for the following reasons:

- a. I am here
- b. My elderly family is there
- c. My girl friend's elderly family is there
- d. I am still here and thinking
- e. I am thinking of getting married
- f. I do not want to be hooked, I mean married
- g. I do not have hives when I am there
- h. I have hives here and I itch
- j. I itch here to get back there.

Respectfully submitted,

(sgd)

P.S. I'll bet none of you at HQ have hives.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

DIRECTORATE OF DENTAL SERVICES NEWS

In June, Brig KM Baird inspected all clinics in 13 Coy during which all available personnel were given an opportunity for a personal interview with DGDS.

Col GB Shillington completed his inspection of militia units in Ontario and Western Canada since our last issue.

Col HL Harris carried out an inspection of RCDC facilities in 4 Fd Dent Coy and 35 FDU during June. While in England he paid liaison visits to CALE, London and to the heads of the Dental Services of the Royal Navy, British Army and Royal Air Force. Col Harris also visited the RADC Trg Centre at Aldershot and while there won the RADC Golfing Society Cup. He was accompanied by Mrs Harris and interspersed his official visits with spells of leave in England and France.

Major Protheroe visited Petawawa in June accompanied by a professional photographer in order to obtain photos of a mobile clinic in the field and of the new Dent Eqpt Dep which will be used in preparing the RCDC Exhibit for dental conventions. In early July he visited the Chiefs of the American Navy and Army Dental Corps and held discussions with their staffs on Dental Public Health matters.

During April, Major JC Brick attended a one-week course on Mass Casualty Care at the USNDS in Bethesda, Md. Major Brick competed in the AHQ rifle meet in June as a member of the AG Branch team. Although the team lost out to the QMG Branch team he was second in the individual scoring and, as a result, will compete in the Canadian Army Finals to be held in Ottawa in August.

We are pleased to welcome back Sgt Doug Lillico after a three-week stay in hospital plus convalescent leave. He is feeling much better and is some thirty-five pounds lighter. Miss Pat Curtin, the DGDS's secretary, has also been ill and we wish her a speedy recovery.

Congratulations to Capt JW Fletcher on his promotion to Major. Major Fletcher, who has been a member of the Procurement Section at DGDS since 20 Dec 57 left on 4th July to take command of No 1 Dental Equipment Depot. Jim, as he is known to his many friends, joined the Canadian Army on 25 Sep 39 and was commissioned as a 2nd Lieut on 11 Jul 42. He was promoted to Lieut on 11 Nov 42 and to Captain on 11 May 43. After service with Nos 39 and 40 Coys in Canada, Major Fletcher was transferred overseas as adjutant of #19 Base Dental Coy. Following repatriation in Sep 45 he served as adjutant of No 23 Coy until 10 Dec 46 when he resigned his commission and enlisted in the Cdn Army (AF) in the rank of Staff Sergeant. He was again commissioned as a Lieut Quartermaster on 17 Feb 48 and promoted Capt on 17 Jan 49. Since the war he has seen service at No 1 CDS, 11 Coy, Korea, The RCDC School as well as at AG Br/DGDS. A native of Ottawa, he is married with four children.

Other members of the Directorate who have left recently include: Lt Col CM Cornish to No 14 Clinic, RCAF Stn, Rockcliffe; Lt Mike Kostyniuk and Sgt Hopkins to No 1 Dent Eqpt Dep; and WO 2 Ed Moore to HQ No 15 Coy.

Newcomers to DGDS are: Major Al Brusso from the Equipment Depot; Capt Bill Thomson formerly QM at 13 Coy HQ; WO 1 Lorne Proudfoot from The RCDC School; Sgt Ken Smallshaw from 35 FDU and Major Don Hillier. Major Hillier has just returned after a year in the USA where he received his Master's Degree in Public Health at the School of Public Health, University of Michigan, Ann Arbor, Mich.

Cpl and Mrs JG Moore are the proud parents of a son, Terrence Lee, born on 19 Jul 60.

NO 1 DENTAL EQUIPMENT DEPOTSOS

Cpl Parker and family sailed from Montreal 3 Jun to take up residence in Metz, France, where Cpl Parker will be employed as a storeman with 35 Fd Dent Unit. We have lost a storeman and the Air Division has gained a defenceman. Sgt Everett was SOS 31 May to 13 Coy where he will join the QM staff as Dental Equipment Repairer.

TOS

We made an honest man of S Sgt Conkey by taking him on strength from 13 Coy after employing him in our Repair Department for several years.

Lt Kostyniuk after a lengthy tour of duty at DGDS is once again out here with the fighting troops having been TOS this unit 1 Apr 60. The same day found us stealing another HQ man, Sgt Hopkins, who will train as an Equipment Repairer.

RELEASES

Cpl Adams and Cpl Jollimore not having re-engaged for further service will enter civy street in July. We all wish them good fortune in their new careers. Cpl Adams plans to go into business with ex-Cpl Charbonneau installing and maintaining dental equipment here in the Ottawa valley. Cpl Jollimore will enter his father's fish export business in the Maritimes.

OBITUARY

This unit mourns the passing of our civilian carpenter JCB (Jack) White. While Jack had been in ill health for several weeks, he appeared to have recovered and was to return to work in a few days. He was constantly cheerful, co-operative and friendly. We will miss his most pleasant personality and his ever-ready offer of help for the do-it-yourself projects in which we all became involved.

MOVE

Due to unforeseen circumstances connected with the finishing of the warehouse floors in the new Depot at Petawawa a three to four-week delay is anticipated in the "open for business" date. Every effort is being made to speed the business of moving and relocating which should be completed by late July.

SPORTS

The Dental Equipment Depot Annual Fishing Derby took place 25th May on the Mississippi River near Appleton. Following the reciting of the fisherman's motto "Always Be Careless With The Truth", hooks were baited and the contest began. Several large fish got away, the largest being about 9 lbs, one of the largest to get away in the area so far this year. The Derby finished at seven p.m. when the weighing in ceremony took place. To ensure honest weight, each contestant brought his own scale but this system was abandoned when it was brought to the groups' attention that Pte Hoffman's scale showed 1½ lbs when empty. The following contestants were winners:

1st prize	-	Sgt Everett
2nd prize	-	Cpl Adams
3rd prize	-	Capt Mullins

During the scaling and cleaning ritual one of the prize-winning fish was found to have eaten several ingots of Melottes Metal, a strange diet for this part of the country.

The mosquitoes were very fat and friendly.

THE RCDC SCHOOL

Promotions, Transfers, etc

Promotions were announced recently of S Sgts Tom Batten and Vince Blackmore to WO 2. WO 2 Batten will remain at the School while WO 2 Blackmore leaves in early August for the land of the midnight sun at Whitehorse.

Departure and arrivals of personnel during the past few weeks have been as frequent as those for candidates on course:

Lt Col Garth Evans and family after a brief but enjoyable holiday in Edmonton left Malton via TCA on 6 Jul 60 for Dusseldorf. Lt Col Evans will command 4 Fd Dent Coy in Germany.

Lt Col Alex Roger departed shortly after Lt Col Evans for Halifax and his new appointment as Commanding Officer of 12 Coy.

WO 2 Percy Jones, now on retirement leave in Winnipeg is looking for accommodation near the University of Manitoba where he will be employed with the Faculty of Dentistry.

WO 1 Lorne Proudfoot has taken over his new duties at the Directorate and expects to move his family to Ottawa early in July.

Sgt Jerry Jerome took the jacks from under his magnificent trailer, hooked it up and was last seen heading south on Highway 90 for Valcartier.

Departures are usually coupled with arrivals and conducted tours through the School were held for the new members.

Lt Col JW Turner and family arrived on 29th Jun and are residing in PMQs in Camp Borden.

Major Bill Thompson reported in from Camp Gagetown and hopes to join the "Bordenites" in a few weeks when the Camp Townsite Office gives him the keys.

WO 2 Reese Jackson and family joined us over the Dominion Day Holiday and moved into PMQs a few days later.

Mrs Mary Brown, formerly of Camp Shilo and Ottawa, has taken up her secretarial duties at the School on the departure of Mrs Joan Cumpson to the RCAC School.

Lt Col Geoff Bagnall was appointed Chief Instructor on 1 Jul 60.

Sgt Marcel Tapp has returned after successful completion of the First Aid Instructors' Course at the CFMS Training Centre.

"FORE"!!!

Oxford's meaning of the word "Fore" is "Warning people in front of stroke". The RCDC(S) personnel who take to the links on Thursday afternoons for nine holes or 150 strokes whichever is the quickest, give this definition-"Duck, Lookout, Dive.....Sorry".

It seems that we have as many golfers now as we had curlers during the long cold winter. Last year's members, namely Colonel Bert Kearney, Capt Chas Casterton, WO 1 Van Ryssel and WO 2 Batten have been joined this year by a new crop of hopefuls, many of whom show real promise as future Club Champions. Capt Jim Wright, Lt Col Laurie Craigie, Major George MacDougall and Major Bill Thompson can be seen most evenings perfecting their shorts and exchanging nickels. WO 2 Max Fisk, a real comer, teams up with Sgt Don Playford to give Sgts Bruce Morse and Richardson a real golf lesson. We expect Lt Col Jay Turner to get the "bug" any day now and WO 2 Reese Jackson has already toured the course in respectable figures and may the dark horse come come August 26th in the School Tournament. In any case the School's golf fraternity are willing to challenge any four man team (RCDC) with the challenger to name the date. We'll play here in Camp Borden and match scores with the challengers on a course of their choice.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

11 COMPANY

No 11 Coy recently received five new graduates from universities across Canada. Captains LG Gray and Y Kamachi from Dalhousie University; Capt PP Morin from University of Toronto and Captains WT Harley and M Petryk from University of Alberta. On being TOS from the Personnel Depots Captains Petryk and Morin were posted to RCAF Station Cold Lake; Capt Gray was despatched to Calgary; and Captains Kamachi and Harley are employed at HMCS Naden, Esquimalt, BC.

Capt JS Davis was recently TOS from CBUME and at present is on extended leave following his tour in Egypt. WO 2 McMichael once again has been called out from the Reserves to fill a Sergeant vacancy in the lab at HMCS Naden. Pte Peterson, PD reported in from The RCDC School and is employed temporarily in the QM Stores at Calgary. Pte Schwarze GD transferred from 2 Bn PPCLI and is employed at the HQ Western Command. Needless to say his replacement did not arrive.

Capt Welsh's posting to No 4 Field Dental Coy unfortunately had to be cancelled due to family sickness. His disappointment is well appreciated. It is hoped that all will be well healthwise in the near future. Capt Kelly is happy to be selected as his replacement and we take this opportunity to wish the Kelly family an enjoyable posting.

Major WH Harrington and Sgt Tony Fox have both been posted to 35 Field Dental Unit, France. Major Harrington is enroute from Whitehorse and Sgt Fox's former location was HQ BC Area Vancouver. To CBUME we lose Capt BA Gaudet and our very congenial clerk Cpl Don Gardner. Don has moved his family to Aylmer, Quebec. The RCDC School has claimed Lt Col Turner on posting. We were fortunate that his promotion was celebrated long before his move to The School. Of course, another "party" could ensue at The School.

On the "Q" side we have lost S Sgt Bill Bennett to 4 Fd Dental Coy, Germany. His dependents moved to SPR in Carleton Place, Ontario pending arrangements being made to move overseas.

No 11 Dental Coy has suffered the loss of two outstanding young officers in Capt Haws and Sandham who recently were released to "civvy street". Pte JA Lien also decided that pastures were greener elsewhere and did not re-engage. He was posted to No 10 Personnel Depot for release proceedings in early May.

Four Acting Corporals have been given substantive rank. They are Corporals Coupe, Schuh, Duve and McInnis. On the next plateau Corporals Hossdorf and Franzgrote have been promoted to Acting Sergeants.

Courses

No 11 Coy personnel attended courses during the past few months as follows:

Capt M Petryk	- 3rd Practical Phase Training	- The RCDC School
Cpl Gardner ADT	- Clk Adm Gp 3	- The RCASC School

All other ranks in the Edmonton Area attended a one-week course in Civil Defence Training. This was in lieu of the Annual Refresher Training. The course was conducted at the Alberta Civil Defence Headquarters in Edmonton. The training was confined to rescue work from simulated damaged buildings, bridges, dams, etc. A full knowledge of knots used in rescue work was essential to ensure no real casualties occurred. The course was well received and all who attended spoke highly of the manner in which it was conducted.

Temporary Duty Trips

Sgt Piche and Cpl Fox were despatched to Vancouver by mobile clinic on 29 Apr 60 to provide equipment for No 61 Dental Unit RCDC(M) to take part in the Vancouver Army Day and the New Westminster Centennial Exhibition. The trip both ways was uneventful. The vehicle performed well - keeping pace with the traffic on the US highways as well as the Canadian. The following is a report, in part, written by Sgt Piche:

"The trip from Calgary to Vancouver and return was uneventful. On arrival in Vancouver Cpl Fox and myself reported to Capt Bowman at No 16 Clinic. Lt Col Currie of No 61 Dental Unit was contacted and Sgt Piche was instructed to be at Shaughnessy Armouries on the evening of 5 May 60. The mobile was set up at Unit HQ and displayed for personnel of the Militia. The interest shown was pronounced. Sgt Piche gave demonstrations on the setting up of the dental chair and dental engine and answered questions.

On 7th May the mobile reported to Queens Park to put it on public display for the New Westminster Centennial. It was located at the entrance to the Oval. The public did not evidence a particular keenness to view this equipment which was considered at least partly due to the fact that there was a National Survival "live" show going on at the same time and several military bands were attracting considerable interest."

The mobile returned to Edmonton following Vancouver Army Day in time for the Wainwright Concentration. Sgt Piche and Cpl Fox were employed at No 15 and No 16 clinics in the Vancouver Area when not displaying the vehicle.

Marriages

Capt DG Gardner of No 8 Clinic was married to Nancy Carol Foggo at Toronto on 4 Jun 60. The happy couple are residing in Victoria. Ex-LAW Jill Oliver of No 11 Clinic Comox was married at the RCAF Chapel, Station Comox on 9 Apr 60.

Births

Daughter Deborah Lynn to Capt and Mrs JB Wilcock on 30 May 60.

Miscellaneous

A unit get-together was held at Colonel Millar's home the evening of 29 Jun 60 on the occasion of the departure of Cpl Gardner to CBUME and before the July-August leave period. The party took the form of a barbecue (Hamburgers) followed by ping-pong contests and enlightening stimulated conversation. Lt Col and Mrs. GC Evans, in Edmonton visiting relatives before proceeding overseas, attended, as well as Major and Mrs WR Dickie enroute to Whitehorse.

Major Harrington recently won a 30.06 rifle, scope and case at a draw held by the Whitehorse Fish and Game Club. Unfortunately he aims with his left eye so he promptly sold the rifle.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

12 COMPANY

Our new CO Lt Col AT Roger arrived and is now firmly entrenched in his new appointment. He has been up to his ears in sorting out personnel for Summer Concentrations, postings and leaves. It has been enough to turn even an old hand grey.

The postings of Major Bill Thompson to the School, Major Chuck Sivell and Capt Art Hinch to 35 FDU decimated the ranks of the Camp Gagetown Clinic. Major Ed McDermott will have no easy time moving in during the concentration period. The posting of Capt Ian Hunter to Trenton, Ont, S Sgt Alex Ponton to Calgary and Cpl George MacQuish to CBUME also wiped out most of the old Stores staff. Their replacement, Capt John Mullins is about to grow several feet taller.

Major Bill Dickie is off to Whitehorse after six years of relative quiet in this area. Major Paul Guevremont was looking forward to a group of Southern cruises aboard the Bonaventure but has been greatly disappointed. By the end of this year he will have spent at least six months in drydock. Sgt Mike Redmond is at long last off sea duty. Mike has now more sea time than most sailors but will probably appreciate a period of shore duty. Capt Tom Gaudet has moved from RCAF Stn, Greenwood to HMCS Shearwater. He is beginning to wonder whether or not he will ever get to be a soldier.

Sgt Art Brown must be getting a little lonely in Newfoundland. He has been there about a year but hopes as we do, that he will be out soon. WO 2 George Armstrong's political convictions have been badly shaken as of late. Being "dyed in the wool" can be painful. Lt Col Norm Butcher and Capt Murray Dewis together with aides Capt ES Morrison and WO 2 Hilton Thorsson respectively, presented table clinics at the Maritime Provinces Dental Convention.

The following have been recently promoted and suitable celebrations held:

Sgt	CA	Chartier	-	HQ
Sgt	HEW	Reid	-	HMCS Cornwallis
Cpl	JC	Bleakney	-	Camp Gagetown
Cpl	PAP	Hughes	-	Camp Gagetown
Cpl	LR	Barrett	-	HMCS Cornwallis

Sports

Dr Ross Brown (Major Ret), Capt Murray Dewis and WO 2 Perc Gourlay are diligently pursuing the little white pellet weekly, with the HQ Eastern Command Golf Club and S Sgt Stan MacLean and Sgt Doug Murley are softballing with the same group.

WO 2 Perc Gourlay, now on leave prior to posting to 4 Fd Coy and our most ardent fisherman, is having a bad year, but then, so are the rest of us down here. When Perc, Sgt Bill Fougere and Sgt Harold Kirby can't catch fish, everyone might as well stay home (they say).

13 COMPANY

Promotions, Transfers, etc.

S Sgt VO Blackmore's promotion to WO 2 was announced in May. Vince who first saw the light of day at Lefroy, Ont. in January 1923 was a member of the CDC from Oct 41 to May 46. He enrolled in the RCAF in Apr 49 and took his release from them five months later. He then re-enrolled in the RCDC in Oct 49 and has since served in Germany, and in Canada with 12 Coy and The RCDC School. In July of this year he is off to Whitehorse, Y.T. He is married and has two children, one boy and one girl.

L Sgt SH Lunnin's promotion to Sgt was announced in May. Bud was a member of the CDC from Jan 41 till Aug 46 at which time he held the rank of S Sgt. He took his discharge in his home town of Saint John, New Brunswick where he was employed until coming back into the RCDC fold in January of 1954. After a brief sojourn in Montreal with 15 Coy he was sent to the sub-staff of DGDS for two years. Since 1956 Bud has been happily situated with the RCAF in Trenton with his wife and six children. He is now the Sgt Clerk at Coy HQ.

Cpl KR Shappee's promotion to Sgt was announced in May. Ken enlisted in the city of his birth, Kingston, Ont. in Nov 51. Since that time he has been employed in Army and RCAF clinics within the Coy. He served a tour in the Far East and is currently at the clinic at RMC, Kingston. Ken is married and the proud father of a son and daughter.

Cpl RB Innis's promotion to Sgt was announced in May. Sgt Innis was born in Ottawa, Ont. and enlisted there in Jan 54. Dick has served in 13 Coy since enlistment. He is married and has three children, two girls and one boy. He is employed at the Uplands clinic.

O/Cdt EW Gazo was promoted Capt effective 1 Jun. He is one of the Corps' newest officers, having been posted to 13 Coy 27 May upon completion of ROTP. Capt Gazo was married in his home town of Windsor, Ont. in Sep 59 but now he and Mrs. Gazo call Trenton "home". He is employed at No 15 Clinic, RCAF Station, Trenton.

O/Cdt AJJC Vachon was promoted Capt effective 1 Jun. Capt Vachon who hails originally from Springer Township, Ont. is employed at Camp Petawawa. He is a new member of the RCDC having joined 13 Coy on 9th June, upon completion of ROTP and Dominion Council examinations. He is a member of the minority group, being a single man.

Capt DJ MacPhee, DO IC No 28 Dental Clinic, RCAF Station Downsview was delighted to have Dr Neil Munro join his clinic staff as a Capt for the summer months. Dr Munro plans to return to Varsity in the fall to pursue a post-graduate course in Orthodontia.

We were pleased to welcome Sgt EMB Everett to our Repair Department 1 Jun from No 1 Dent Eqpt Dep.

We were sorry to lose the following personnel: Capt JG Boucher from Petawawa to 35 Fd Dent Unit; Sgt RA Malpas, DT Lab from North Bay to CBUME and Sgt AM Jerome, DT Lab from RCAF Station Camp Borden to No 15 Coy.

Major WW Anglin, Cpl WR Dawson and Cpl TW Thrasher form the dental detachment for the Brigade Concentration at Camp Petawawa which commenced 20 Jun and will terminate end of July.

Early in July the following will leave this Coy: Lt Col GC Evans on posting to 4 Fd Dent Coy; Capt WJ Thompson on posting to DGDS; S Sgt AF Davison, Cpl ES Beattie and Pte HE Lubitz to 1 Dent Eqpt Dep. On the other side of the ledger the following will be reporting: Lt Col RHG Cunningham who will be SDO No 15 Clinic, Trenton; Lt Col CM Cornish will take charge of No 14 Clinic, Rockcliffe; Major PL Falkner will take over at Downsview; Major WH Murray will be DO IC RCAF Station, Camp Borden; Capt JB Scott to No 1 Clinic, Ottawa; Capt IP Hunter will be our new QM; Sgt JA Gravelle will serve a few months at London on return from 35 Fd Dent Unit prior to his retirement in November; Sgt JV Minnelli is returning from CBUME to No 1 Clinic, Ottawa, and Sgt GEC Bradley is being posted from The RCDC School to No 22 Clinic, Camp Borden.

Capt FC Buschlen and Capt JA Pare were released in May at their own request. Capt Buschlen is practising in Arnprior and Capt Pare in Montreal. Capt FJ McCurry is leaving the service at his own request in August and will practise in Midland, Ont.

Cpl RH Geisert, DT Lab was also released at his own request, as was Cpl AA Lawrence, DA who is going into the restaurant business with his brother.

Mrs Wilma Conkey, a Civil Service dental nurse, has resigned after serving with the staff of No 1 Dental Clinic for five years and nine months. Her husband S Sgt Merv Conkey has been posted to Camp Petawawa for duty in No 1 Dent Eqpt Dep. Latest information discloses that Wilma is fully enjoying the camp, its facilities and her well-deserved leisure.

Mrs G Wilby and Mrs S Carey, No 7 Clinic, Barriefield have resigned from the Corps; Mrs A Debicki and Mrs S Ball have been appointed to replace them.

Marriages, Births, Deaths

Capt JG MacNeilly died suddenly at RCAF Station Camp Borden in April and was buried in Barrie United Cemetery.

A daughter Heather Margaret was born to Capt and Mrs WR Black on 18 Jan.

A third daughter was born to Pte and Mrs JEN Boucher early in June. Both the mother and daughter recovered victoriously from the battle; the father is also surviving and no doubt will let us have her name shortly after his recovery.

Miss Helen Haggerty, Dental Nurse at No 7 Clinic, Canadian Forces Hospital at Barriefield was married May 7 to Mr Allan Sharpley.

Miss Barbara Ann Hillis and Capt GR Myles were married in Northside United Church, Seaforth, Ont. by Rev. JC Britton on 12th March. George W Myles, brother of the groom, acted as best man, the maid of honour was Miss M Hillis, sister of the bride.

Visits

DGDS has recently visited and inspected all clinics in this Coy. All service and civilian personnel welcomed the opportunity to have a personal interview with Brigadier Baird.

Miss P Curtin and Mrs T Aubin dropped in for an unofficial visit to this HQ while on a week-end visit to friends in Trenton.

Mrs MM Van Scherrenburg, Dental Nurse at Petawawa is leaving in July on a thirty-day visit to her in-laws in Holland. Bon Voyage.

Miscellaneous

The SDO Ottawa, Lt Col Jackson, loaned dental documents of the late A/C Stephenson to S/L DH Niblett, SMO Uplands, to assist in identification. Incidents of this kind once again point out the importance of correct completion and handling of CAFBs465 by all concerned.

Mrs H Sharpley won second prize in the Ontario Dental Nurses' and Assistants' Bulletin Contest for her paper "Dental Assisting with the Army". There were nine other entries.

On 29th June a farewell party was held at Coy HQ for Capt Bill Thomson, Capt Bud McCurry, S Sgt Davison, Cpl Beattie and Pte Lubitz. Each was presented with a silver engraved tankard.

On the evening of 17th June at Petawawa a get-together was arranged by Sgt Adams for the two-fold purpose of bidding farewell to Capt Boucher and meeting the newly-arrived staff of No 1 Dent Eqpt Dep. All members and wives of the staff of the clinic and the Depot attended. During the evening the SDO, Maj Wally Anglin, addressed the gathering - welcoming the Depot Staff and bidding Bon Voyage to Capt and Mrs Boucher.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

14 COMPANY

This unit headquarters has been privileged on many occasions by visitations from numerous members and friends of the Corps while passing through to more western or eastern regions. Recently, however, this "Gateway to the West" has claimed as permanent residents, Lt Col "Bill" Sinclair and WO 2 Percy Jones who are welcome to our midst and are maintaining a close association with their many friends in this unit.

Lt Col CE Purdy, after four months' duty in Washington, DC returned to the unit in May to find many of his loyal supporters soon to depart for employment at other locations. To say "Au Revoir" and "Bon Voyage" to departing members and wives from the HQ area, a farewell party was held on the evening of 27th May. Included among the 45 party enthusiasts were the following departing guests: Capt and Mrs "Doug" Evans who are now residing at Metz, France; Capt and Mrs LA Campbell who are now permanently residing in Winnipeg following Les's release from the CA(R); WO 2 and Mrs "Charlie" Loken who embark 15 Jul at Montreal enroute to 35 FDU; Sgt Roger Savoie, soon to depart on posting to The RCDC School; Sgt A Gagnon, now enroute to the Middle East and Cpl and Mrs A Hussey who are planning a move to Montreal. In reply to a farewell speech by Lt Col Purdy, Capt Evans, with tongue in cheek and a glint in his eye stated: "One has to take these poor postings along with the good ones."

In addition to the postings reported in the last issue of the "Quarterly" 14 Coy has lost Major "Ted" McDermott and Sgt RK Jones to No 12 Coy. Capt "Shelley" Claman, who has been employed at HQ Ft Churchill during the past year has been granted leave without pay from the CA(R) while attending a post-graduate course in oral surgery at Iowa State University which terminates in 1963.

On the credit side of the ledger, five new graduates will be initiated into clinical employment with 14 Coy during the summer. Lieutenants Tucker and Coulombe from the University of Toronto are currently employed at Winnipeg and Camp Shilo respectively. Lt Arpin from the University of Montreal will be eligible for a course in Arctic Indoctrination at Ft Churchill when appropriate weather sets in. The arrival of Lts Boulay and Houde will be welcome to supplement the clinic staff at RCAF Station Winnipeg. On completion of leave entitlement after a tour of duty with 35 FDU, Sgt AJA MacFarlane will be employed at Winnipeg. This unit welcomes the arrival of Sgt Torrens for employment at RCAF Station Winnipeg and AW2 Newton at Portage la Prairie.

In addition to the postings initiated at higher echelons, this unit has of necessity been required to fill certain vacancies from its own resources. Capt HC Stewart was posted from Winnipeg to Saskatoon 25th May, vice Major Brown; Capt HJ Cashin is posted from RCAF Station Winnipeg to Moose Jaw 4th July vice Major McDonald; Capt JOL Bourget was posted from Camp Shilo to CJATC Rivers 2nd June vice Major McDermott; Cpl KPH Buchholz from Winnipeg to Ft Churchill vice Sgt Arsenault and Pte JG MacDonald from Shilo to Saskatoon vice Sgt Cahill.

The only personnel of 14 Coy attending courses this quarter are the golf enthusiasts who find any course with 18 holes a delightful and diversionary attraction.

Congratulations are extended to Capt and Mrs Dave Cook who celebrated their 25th wedding anniversary in May and simultaneously announced the marriage of their eldest daughter. Miss M Malazdrewicy, civilian dental nurse at Ft Churchill has also announced her forthcoming marriage in July to Mr W Scott.

No 2 Clinic at RCAF Station Winnipeg lays claim to all promotions in 14 Coy during the quarter. Cpl Bramble was promoted to A/Sgt effective 1st April and LAW Leong was promoted to Cpl the same day.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

15 COMPANY

This issue will see this Canadien (sic) Company with a few changes since the last report. First let us welcome two new members to the Corps, Cpts Vincent and Parent. Capt Vincent is now ensconced with Mrs Vincent in Goose Bay, after a short stop at 772 Sherbrooke Street clinic. (Good hunting, Dr Vincent). Capt Parent is situated at St Johns under the guidance of Lt Col Smith. He has now obtained accommodation and will move in with Mrs Parent at the end of this month.

Capt Senechal has moved from St Johns to the wilds of Bagotville.

Congratulations to Major McKenna, our new Major since last report, who will be reporting to 25 COD shortly. Major Bourque will be arriving to take over Valcartier clinic from Major Durand, who will assume command at the Quebec City clinic early in July.

Our travelling men this summer are: Capt Begin and Cpl Lansey who are just finishing a month at Moisie and Capt Roy and S Sgt Couture who are providing treatment at Gagetown.

Congratulations on their promotion are in order for A/Cpl Boulanger, A/Cpl Chayer, Sgt McDonald, Sgt Blanke and WO 2 Fortin. Mention should be made here of Cpl Sprathoff, who successfully completed DT Lab Gp 2 trade test and of Cpl Werkmann, who, as of Jun 60, is now a Canadian citizen.

Capt Headley is the proud father of another girl, Leslynn Germaine, born on 20th May. Congratulations!

The unit has gone into deep mourning over the loss of three of its greatest assets, WO 2 Reece Jackson (to RCDC School); WO 2 Art Cross (to 35 FDU) and Cpl (L Sgt) Jack Yeates (to 1 Dent Eqpt Dep). All are leaving in July. We trust they will be given as warm a welcome at their new units as we will give to their successors, WO 2 Ed Moore, WO 2 Dick Lobb and Cpl Ernie Jermain (already on the job). Welcome is also extended to Sgt Crockett, recently arrived from CBUME and his brand new wife (sister of WO 2 Art Cross). Anyone wishing to comment will find Sgt Crockett at St Johns' clinic.

Speaking of weddings, two are coming up shortly, AW 1 Lingenfelter in July and Cpl Chayer in August. AW 1 Lingenfelter plans to stay with us for a while after the wedding.

Cpts Turcotte and Bosse, two of our younger officers, presented warmly received table clinics at the Province of Quebec Dental Association Congress held at Quebec City in May.

Curling brooms and hockey sticks are now well hidden in the closet and have been replaced by other types of mayhem equipment. Golf sticks and baseball bats to the fore, tennis racquets coming in a close second and a few wetbacks are taking to the water. Holidays are rampant. The most noteworthy is that of Cpl Sprathoff who has taken off for the far north on a movie-making expedition. We should have a report on this for next issue. Our Commanding Officer, Col TL Marsh, is leaving shortly for a vacation with his family in the Far East (PEI).

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

4 FD DENT COYPostings

Rotation time has come around once again. The following are leaving after a three-year posting in Germany:

Lt Col RHG Cunningham	- to 13 Dent Coy
Maj WH Murray	- to 13 Dent Coy
WO 2 Gareau AM	- to 14 Dent Coy
S Sgt Jones JM	- to The RCDC School
S Sgt Wentzell JS	- to 12 Dent Coy
Sgt Kidd VR	- to 11 Dent Coy

We extend a warm welcome to their replacements:

Lt Col GC Evans
Major C Brown
WO 2 Gourlay PL
S Sgt Bennett WA

Promotions

Congratulations go to Cpl Kay JH on his recent promotion to Sgt.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

35 FD DENTAL UNIT

This unit was particularly pleased to see the first edition of the "Quarterly" in print, with its interesting articles and news of old friends in the Corps.

Current news of 35 Fd Dental Unit is concerned chiefly with the exodus of old-timers and the influx of newcomers to the greener fields of France and Germany. By the time this issue is in print, we will have bid "au revoir" to many old friends, whom we trust are happily settled in their new Canadian postings, or at least enjoying a well-earned leave. We refer specifically to Major Pete Falkner, Major Al Taylor, Major Hal Bunston, Capt George Moore, Capt John Marshall, WO 2 Herb Bilbey, WO 2 Dick Lobb, Sgt Joe Gravelle, Sgt Chuck Johnston, Sgt Ken Smallshaw, Sgt Kelly MacFarlane and Cpl Palmer RCAF WD.

On the credit side of the ledger, newcomers such as Capt Doug Evans, Sgt Tony Fox, Sgt Jim Roberts, Sgt Tony Bourgeois, Cpl Bill Parker and LAW Joncas are welcomed and are to be followed shortly by Major Bill Harrington, Major Chuck Sivell, Capt Art Hinch, Capt JG Boucher, WO 2 Art Cross and WO 2 Charlie Loken.

The unit was recently visited by Col Harris. It is hoped that he has recovered from his journey and that he enjoyed it as much as unit personnel enjoyed seeing him. We trust that with the new "Ben Hogans", his handicap at the Hunt Club will be reduced to scratch.

Recently, No 1 (F) Wing Marville was honoured by the visit of the VCGS Major-General JV Allard, CBE, DSO, ED, CD. A luncheon in his honour was attended by Major Franklin.

Lt Col Covey, Majors Windsor, Franklin, Capts Kelland and MacDonald attended the USAREUR-USAFE Dental Convention in Garmisch Germany on 20-21 May.

LAW Rathe is anxiously awaiting the results of her Gp 2 test, which she attempted recently. We are sure that this capable young lady was successful in her efforts.

Major George Windsor and WO 2 Dick Lobb visited Oldenburg Germany for a period of two weeks from 25 Apr 60 to complete dental requirements for the RCAF Advisory Group who are employed there with the German Air Force. Rumour says that an interesting weekend trip in a single-engined aircraft, flown personally by the CO, took them close to the border of Denmark for the provision of "some" dental treatment for isolated personnel, a look at past and present military installations and a slight deviation in course into a forbidden zone.

Cpl Posyluzny the Dental Equipment Repairer from 4 Fd Dental Coy in 4 CIBG spent three weeks during May in this unit inspecting, servicing and repairing our dental equipment. If anyone wishes to know how it feels to ride for ten hours on European trains with a second class ticket from Soest to Metz, just ask the Cpl!!

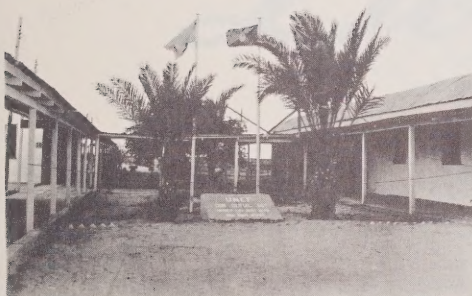
Sgt Joe Gravelle's Au Revoir

On 17 Jun the Senior NCOs of 2 (F) Wing, RCAF Stn Grostenquin, France held a Sgts' Mess Dinner to honour Sgt JA Gravelle who will be returning shortly to Canada where he will retire in the fall. Among the guest were all RCDC personnel within 1 Air Division of the rank of Sgt and above. Both the CO of 2 (F) Wing, G/C Searle, and Lt Col Covey paid tribute to the fine relationship existing between the RCDC and the RCAF and in particular noted the esteem in which Sgt and Mrs Gravelle are held by their associates. Warrant Officer Dale then made a presentation to Joe on behalf of all Sr NCOs at 2 Wing of a silver tea service and leather wallet.

Front Row - left to right - Maj Taylor, Maj Falkner, Capt MacDonald.

Back Row - left to right - Sgt Fox, Sgt Grundy, WO 2 Bilbey, Sgt Gravelle, Lt Col Covey and Maj Franklin

★ ★ ★ ★ ★ ★ ★ ★ ★ ★





Royal Canadian Dental Corps

QUARTERLY



TABLE OF CONTENTS

	<u>PAGE</u>
Editorial	1
No 11 Dental Coy RCDC(R) - Millar	2
Temporary Relines for Tissue Recovery - Windsor	6
The Dental Office Emergency - Its Prevention and Treatment - Richardson	8
Full Gold-Acrylic Veneer Crown - Brown	11
The Dental Technician Clinical in the Dental Health Programme - Abernethy	12
The Airotor and Volume of Dentistry - An Evaluation - Protheroe	13
Laboratory Tips - Powers	15
The Dental Technician Clinical - Daw	17
The RCDC at Camp Wainwright Alberta 1960 - Cobb	19
Directorate of Dental Services News	21
No 1 Dental Equipment Depot News	24
The RCDC School News	25
11 Coy News	26
12 Coy News	28
13 Coy News	29
14 Coy News	30
15 Coy News	31
35 Field Dental Unit News	32

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE RCDC QUARTERLY

Published by authority of Brigadier KM Baird, Director
General of Dental Services.

Editorial Board: Col GB Shillington
Lt Col JG Butler
Maj DH Protheroe

E D I T O R I A L

Good Public Relations - High in Value - Low in Cost

Although the RCDC is referred to as a tri-service organization, it must be realized by all personnel that the Corps is definitely a component of the Canadian Army. The entire career of every individual is, therefore, governed by the rules and regulations that apply to all members of the Army. We are enrolled as soldiers, trained as soldiers and at no time can we be considered otherwise.

The tri-service function of the RCDC, however, ensures that the majority of personnel will see service during their careers with the RCN or RCAF. Each of these Services has customs which, although different from those of the Army, must be respected and sometimes adopted during periods of attachment to the Navy or Air Force. It is the responsibility of the individual to fit himself into the life of the particular ship or station to which he is attached in such a manner that he will not only reflect credit on the RCDC, but be accepted to all intents and purposes as a member of that establishment. The use of good public relations is essential in gaining this acceptance.

Public relations has been defined as "Good performance - publicly known and publicly appreciated". In the RCDC it includes every factor and circumstance that may influence the attitude of the Services towards the RCDC, its work and its personnel. Public relations becomes a summation of the personal and professional contacts between Corps personnel at all levels and those for whom they provide a service.

Good dentistry is extremely important, but it is not the complete answer! It must be combined with a friendly, sympathetic and sincere attitude towards the patient by everyone in the clinic. A satisfied patient is probably our most important public relations asset. If every dental officer, no matter how difficult the case nor how sorely tried his tolerance will look beyond the immediate problem to the time when the patient will speak of him either favourably or unfavourably, he has performed in a manner which will enhance RCDC--Service relations.

There are many ways in which each member of the Corps can maintain or even increase the respect which the RCDC commands amongst Service personnel. The importance of such things as neat and correct dress, cleanliness and good deportment cannot be over-emphasized.

In order that we may fulfil our aim of providing an efficient dental service, under conditions favourable to ourselves, we must have the co-operation and respect of all three Services. Remember gentlemen, your past is your future.

NO 11 DENTAL COY RCDC(R)

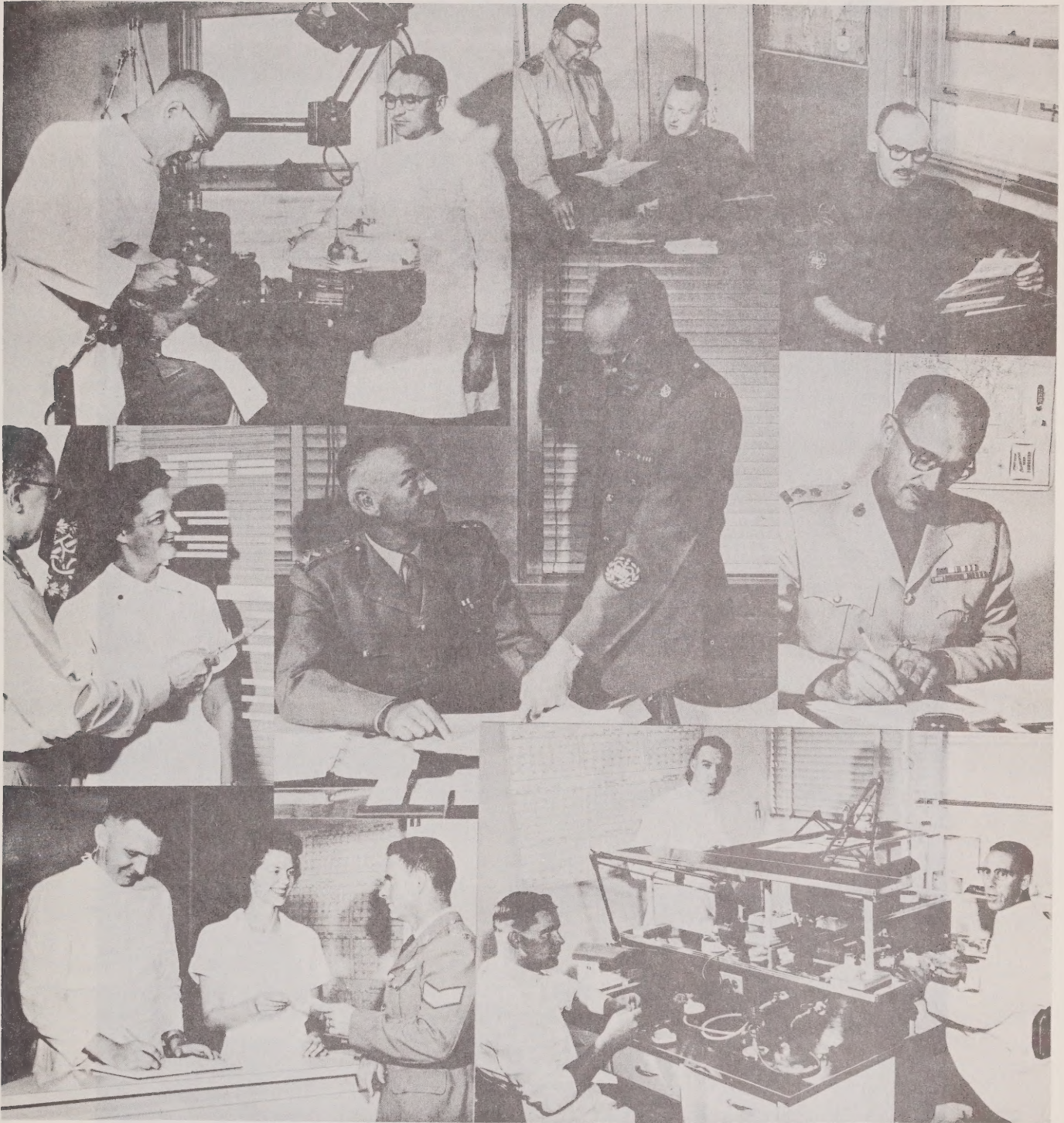
Colonel IAL Millar, CD, DDS

No 11 Company provides dental treatment for the Navy, Army and Air Force located in Alberta, British Columbia, the Yukon Territory and the Northwest Territories. There are sixteen full-time clinics maintained and staffed by one to five dental officers and auxiliary personnel. This includes the sea-going clinic in HMCS Cape Breton. In addition there are six part-time clinics, two locations where a set-up is made in existing quarters for visits and two mobiles maintained and staffed at regular intervals. Locations are widely separated with climatic conditions varying from the relatively mild weather of the West Coast to the frigid cold of the North. Although facilities for rendering treatment in static clinics are generally standardized, the requirement to provide treatment in the North, and other isolated spots, for dependents, employees of the Federal Government and natives, combined with environmental differences, can make an intra-company posting a new experience in every sense. Indeed, administratively, socially and recreationally it can be a complete reversal - providing a new stimulus to exercise or to develop latent interests. And, of course, this wide dispersal of personnel working and living under such varying circumstances continuously introduces interesting administrative details for Company Headquarters and the Quartermaster. Company Headquarters situated in Edmonton, and Quartermaster Stores in Calgary, admittedly adds to this, but is in keeping with the general dispersal of the unit.

Treatment is carried out by 23 dental officers and two Part V Dental Surgeons with five dental technicians clinical, 15 dental technicians laboratory and 37 dental assistants composed of 22 Army (male), four RCAF Airwomen and 11 Part V female employees.

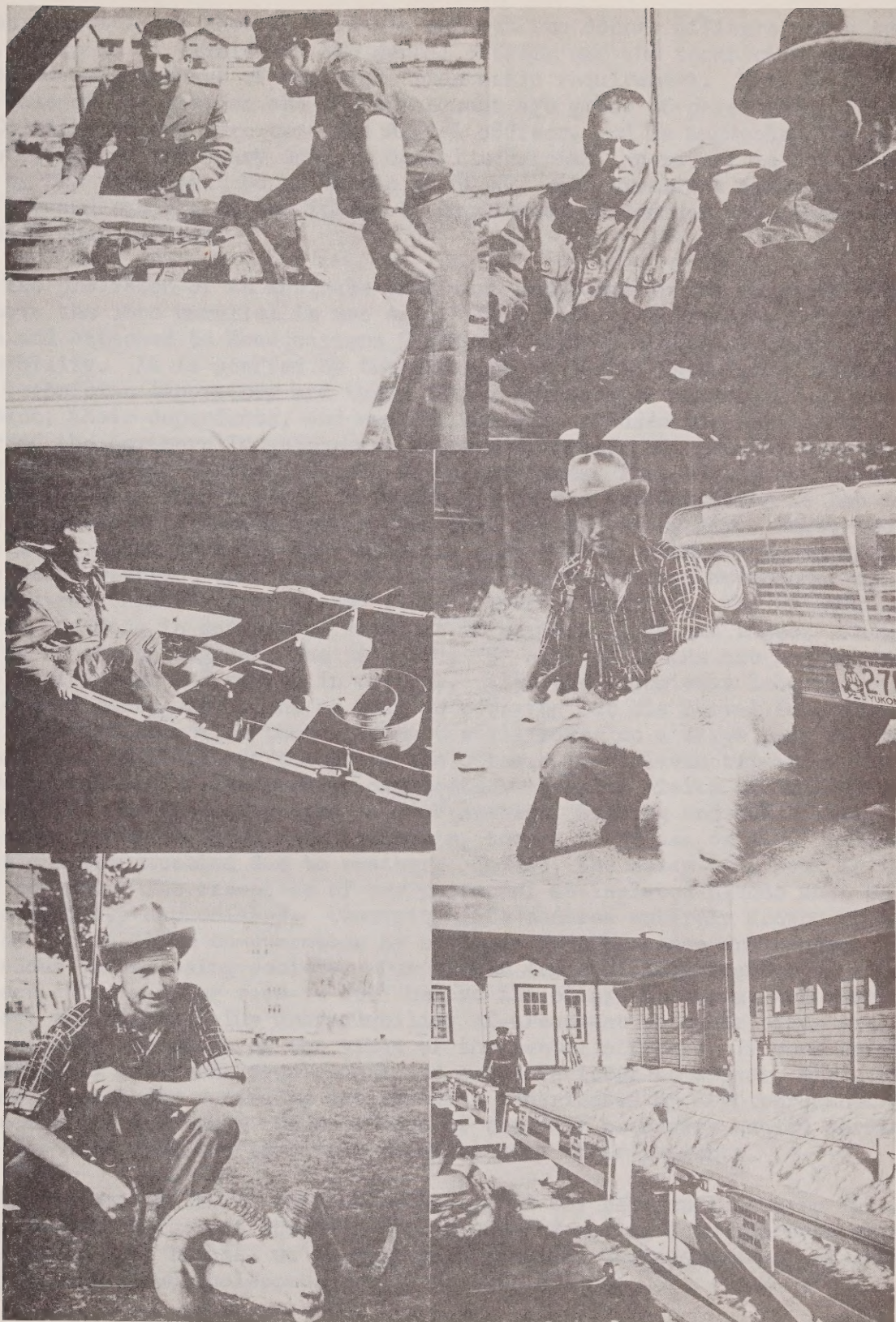
The workload is heavy throughout, but clinics are subject to particular circumstances that create special problems. This is clearly exemplified in the case of No 8 Clinic in HMCS Naden and No 13 Clinic at RCAF Station, Cold Lake. Both are restricted in their capabilities by limitations imposed by their accommodation. The treatment load is well beyond the recognized dental officer:service personnel ratio and their effectiveness could so readily be increased by the addition of extra operating bays. Submissions by the RCDC to achieve this have been made for years, but it still remains as a very special problem for these clinics. Again, to further exemplify an existing circumstance of a different nature, the treatment load at No 25 Clinic, Headquarters Western Command; No 4 Clinic, Currie Barracks, No 9 Clinic, Camp Sarcee, both in Calgary; and No 21 Clinic, Workpoint Barracks, Esquimalt is significantly reduced each year in June, July and August. This occurs because of the Regular Army Concentration at Camp Wainwright followed by the August leave period for units of No 1 Canadian Infantry Brigade Group. The obvious and reasonable action is to select the personnel at these locations for duty at Camp Wainwright and for Northern trips; and of course, it provides opportunities for leave. However, the best laid plans are subject to many influences and no exception occurs in this case. It remains as a recurrent summer situation dictating time for duty trips and leave periods.

This situation does not apply to the clinics at RCAF Stations where the treatment load remains constant or indeed is somewhat increased as at No 7 Clinic, RCAF Station, Penhold; No 15 Clinic, RCAF Station, Sea Island; and No 1 Clinic, RCAF Station, Lincoln Park by the influx during the summer period of Air Cadets who have emergency requirements. Here again circumstances dictate that facilities must be available for specific periods. At No 5 Clinic, RCAF Station, Namao and No 11 Clinic, RCAF Station, Comox, the requirement is constant throughout the year, but it is of



SOME 11 COY PERSONNEL IN EDMONTON

- Top - left to right - Lt Col Crummev, patient, Cpl Drawe, Capt Woodcock, Sgt Mazerall and WO 2 Peebles.
- Centre - left to right - Capt Woodcock, Miss Fogg, Colonel Millar, WO 2 Peebles and Lt Col Crummev
- Bottom - left to right - Pte Schwarze, Miss Loucks, reporting patient, Pte Monahan, Sgt Keogh and Sgt Thornton



WHITEHORSE SCENES

- | | | | |
|-------------|--------------------------------|--------------|---|
| Top Left | - Ssgt Carpenter and Sgt Moore | Top Right | - Capt Collier, WO 2 Blackmore and Colonel Millar |
| Centre Left | - Col (Navigator) Millar | Centre Right | - Capt (Hunter) Collier |
| Bottom Left | - Capt (Trophyman) Collier | Bottom Right | - Major Harrington leaving dental clinic in old WMH |

interest to point out that No 5 Clinic employs two dental officers and a technician, while No 11 Clinic has one dental officer and the technician has recently been posted away because of the light prosthetic requirement. This is dictated by the role of the station and the consequent age group of personnel. Although No 11 Clinic requires more than one dental officer, and is augmented for periods by officers on temporary duty, a dental technician laboratory is not fully required by the workload. No 17 Clinic at RCSME, with excellent accommodation, is a busy one and subject to the influx of candidates on courses and summer cadets in considerable numbers.

The provision of an adequate treatment programme in the sparsely populated area above the 55th parallel is not easy. No 6 Clinic, Whitehorse, at the RCAF Station and attached to Headquarters Northwest Highway System, accepts the major responsibility. It is staffed by two officers, a dental technician clinical, a dental technician laboratory and three dental assistants. Employees of the Federal Government, their dependents, and natives provide an added responsibility. The remainder of the Northern locations are covered by personnel, usually from Edmonton or Calgary. Regular visits are made to Dawson Creek, Fort Nelson and Aklavik. A mobile is taken to Dawson Creek as suitable clinical accommodation is not available. The onward journey to Muskwa Garrison at Fort Nelson, is by air. Here, the two-chair clinic, moved from the RCAF Station, Fort Nelson, when it closed, was set up within the Garrison compound, and provides quite adequate accommodation. The visit requires three to four weeks at three-month intervals. The Aklavik trip must, of course, be done in commercial aircraft of various types and sizes. In order to economize on excess baggage, the "A", "B", "C" and "D" trunks are not taken. Equipment is scaled down and packed in cartons. Also the technician laboratory performs the role of a dental assistant as well as carrying out his normal functions. Even with this weight reduction the detachment still makes up a large part of the payload load of a small aircraft such as the Otter. The Aklavik trip takes two to three weeks and must be made every six months. Regular visits are also made by personnel from the Vancouver area to RCAF Station, Holberg and RCN Masset. Because there are no roads to these establishments, access is by sea or air. Delays are frequent and are expected due to weather. Indeed, the delay of a week is not considered unusual. The reception of our personnel at isolated places must be experienced to be fully appreciated. Community life centres entirely around service amenities and positive co-operation by everyone in programmes and projects achieves a harmonious and pleasing society. Our visits are obviously treated as a programme or project. The waiting room is full before the clinic is set up and remains so throughout the visit. The unavailability of treatment at other times creates this urgency to take advantage of the visit of the dental officer. If some person is known to have a treatment requirement and seems reticent to appear, there are others to act as whips. The rewarding satisfaction experienced by RCDC personnel on these visits comes not only from the knowledge of the very necessary health service they provide but also from the genuine appreciation by their patients.

Approximately 75% of the families of 11 Coy personnel live in PMQs. Thus, anyone posted to this unit stands a good chance of moving into quarters shortly after their arrival. All in all, we of this unit consider the western way of life enjoyable, adventurous and wholesome.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

TEMPORARY RELINES FOR TISSUE RECOVERY

Major GE Windsor, CD, BA, DDS

The subject of tissue recovery prior to making final impressions in full denture prosthesis, is not new to the science of dentistry. Tissue recovery has been dealt with in all its ramifications in a number of articles in dental journals over the years. Particular reference should be made to articles written by Captain Robert B Lytle of the United States Navy Dental Corps,^{1,2} in which the subject of tissue recovery is dealt with in detail.

This short paper does not propose to delve into all the fundamental scientific causes of the swollen, soft, spongy, inflamed gingival tissues that frequently face the prosthodontist. Rather, it is assumed that this condition is due essentially to the continuous presence in the mouth of a dental appliance. It is further assumed that the appliance has been worn for a number of years and has been removed from the mouth at only irregular intervals for cleaning. It may also be true that the supporting tissues have suffered further abuse through the years by occlusal wear of the artificial teeth, or even a slight original error in the vertical dimension or the centric relation which has resulted in an imperceptible twist or displacement of the denture at each occlusal contact. This, in turn, would doubtless result in a mechanical stress to the supporting tissues and, although not painful to the patient, would ultimately cause a breakdown of the underlying bone and the production of the soft spongy tissue which is very typical of so many of our full denture patients.

In any event, the dentist is quite often faced with the problem of relining an existing appliance or constructing a new appliance on generally soft spongy tissues. Where this situation exists, and provided it is not in the realm of surgical correction, it is perhaps wise to give this tissue an opportunity to regain its original firm healthy tone before relining a denture or taking a final impression for a new denture.

It has been suggested that the easiest and most direct approach to the problem is to remove the appliance from the mouth and quietly drop it into the nearest receptacle and ask the patient to return in two weeks for his impressions. However, since many of our patients are required to meet the public both socially and on the job, it has been found impossible to carry out this direct approach to tissue recovery, hence, the need for temporary relines.

Little can be done for the patient without his co-operation. Many full denture patients wear their dentures continuously day and night. The first step in the programme is to convince the patient that he must leave his appliance out at night so that the abused supporting tissues have an opportunity to recover. He is further requested to massage the entire denture bearing area with a soft nylon tooth brush in order to hasten the recovery of this tissue. This is not easy for the patient and he may complain that his denture does not fit in the morning and that the tissue is very sensitive to massage. However, if he is convinced that this procedure is essential to the success of his new denture, or reline, he will co-operate.

At the end of a week the patient is instructed to leave his denture out for a full 24-hour period and to come into the clinic the next morning for his first temporary reline. Monday morning is often the best time for this appointment since the previous 24 hours may have only limited social and business obligations and allows the patient to leave out his denture without too much embarrassment. If

sufficient recovery has taken place in the first week, normal treatment may proceed as planned, particularly in the case of a simple complete denture reline. However, if adequate tissue recovery has not taken place or new appliances are planned, a temporary reline should be placed in the old denture. This weekly routine of temporary relining should be repeated until the mucosa becomes firm and stable. When this occurs the construction of new dentures may be undertaken. In the meantime, the old denture containing the temporary reline will serve the patient very well and maintain the tone and stability of the underlying mucosa.

The technique for temporary relining is relatively simple. The old denture is cleaned and dried. The denture flanges and undercut areas are left intact and thus aid in the retention of the reline material. Additional retention should be obtained by undercutting the tissue side of the denture periphery and perforating the palate and facial flanges with a large inverted cone bur. The reline material is placed in the denture, the denture is then transferred to the mouth, seated, and held in centric relation by the opposing teeth with a minimum of pressure. When the material is set the denture is removed from the mouth and excess material on the facial surfaces is trimmed away.

Various impression materials have been used for the purpose of temporary relines. Zinc oxide and eugenol pastes have been used with only limited success. They flake away from the denture too easily and rarely stay in place for more than three or four days. An added disadvantage is the continuous eugenol flavour and the possibility of some chemical irritation. Silicone impression material has been used with considerable success and sets with a tough, cohesive rubber-like consistency. Because it adheres poorly to the denture base, the denture flanges should be undercut and the facial and palatal areas perforated to provide adequate retention. Temporary relines of this material have been found to be very comfortable for the patient and have been kept in place up to eight weeks.

Temporary relining of complete dentures in an effort to effect a certain degree of tissue recovery prior to the construction of a new denture requires a little extra time for both the patient and the dentist, but is not a laborious or difficult procedure. The improvement in tissue tone and stability gained in the denture base certainly justifies the additional time consumed.

BIBLIOGRAPHY

1. Lytle, R.B. Management of abused oral tissues in complete denture construction. J. Prosthetic Dent., 7:27-42, Jan. 1957.
2. _____. Complete denture construction based on a study of the deformation of the underlying soft tissues. J. Prosthetic Dent., 9:539-51, July - Aug. 1959.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Blessed is the man who, having nothing to say, abstains from giving us wordy evidence of the fact.

-- George Eliot

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE DENTAL OFFICE EMERGENCY - ITS PREVENTION AND TREATMENT

Major LA Richardson, CD, DDS

The word emergency may be defined as an unforeseen situation calling for immediate action. This definition implies that the situation will quickly follow a retrograde course if corrective action is not taken. In the dental office, every precaution must be taken to prevent the occurrence of these emergencies, but should they occur, the dental officer must be prepared to deal with them.

This article will be limited to a discussion of the prevention, the recognition and the immediate action indicated to deal with an unforeseen difficulty when treating an otherwise healthy patient. No attempt will be made to cover the field of medical or surgical emergencies which might be related to dental practice.

DRUG IDIOSYNCRASY

Although drug idiosyncrasy is a relatively rare reaction, it can be violent and difficult to handle. The majority of anaesthetic and drug allergies reported by patients are of psychogenic origin and will be dealt with separately. This does not mean that these reports can be ignored but rather that special precaution must be taken before treating such patients.

Drug idiosyncrasy is marked by a sudden onset of symptoms which are not particularly related to the dosage. It usually starts with a stimulation of the central nervous system. The progressive signs are talking, pugnaciousness, dizziness, vertigo, vomiting, twitching, convulsions, asphyxia and death. The antidote for this type of reaction is oxygen and an intravenous barbiturate such as $\frac{1}{2}$ to 1 gm of pentathol or an intramuscular injection of 5 to 10 cc of paraldehyde if the condition proceeds to the stage where convulsions occur.

A drug allergy may also manifest itself as a depression of the central nervous system. The patient will usually faint and show signs of severe shock with weakened heartbeat and respiration due to depression of the respiratory and cardiac centres. The antidote is oxygen under pressure, or if unavailable, artificial respiration by the mouth to mouth method and the subcutaneous or intravenous injection of 1 cc of 1:1000 epinephrine if indicated to elevate the blood pressure.

An allergic reaction to a drug may also take the form of respiratory oedema or bronchospasm. This can best be treated with an injection of epinephrine as above or intravenous antihistamine such as 10 to 50 mg. of benedryl or chlor-tripolon. An intravenous injectable hydrocortisone is also now available which is an effective agent to raise blood pressure and reduce oedema and bronchospasm. A patient in bronchospasm should be kept sitting up instead of being placed in a prone position.

THERAPEUTIC ERROR

This class of misadventure includes such things as incorrect labelling, selection of the wrong bottle or drug in error, confusion of prescriptions, error in manufacture, etc., about which nothing further needs to be said.

The most common therapeutic error is the injection of local anaesthetic into a blood vessel which may give a toxic effect due to the rapid systemic distribution of the drug. This is, in effect, an overdose. The onset of symptoms may be similar to those of drug idiosyncrasy with stimulation of the central nervous system followed by depression if the condition advances sufficiently. The patient is treated symptomatically with oxygen, placed in a prone or shock position, and intravenous barbiturates administered if convulsions occur.

These unintentional intravenous injections can be avoided if an aspirating syringe is used to enable the operator to check that the needle is not in a blood vessel before injecting. A needle of 25 gauge or larger must be used for such an injection as blood will not pass through a finer needle.

SYNCOPE

This is the commonest and mildest emergency situation that we face in the dental office. It is a symptom rather than a systemic condition and a result of vasomotor collapse, usually initiated by psychic causes, although it can result from drug idiosyncrasy, quick positional changes, or various systemic disorders.

Syncope is recognized by the patient's pallor, sweating and tachycardia which may lead to loss of consciousness, and changes in blood pressure and can progress to shock. The condition is easily treated by placing the patient in a prone position to alleviate the cerebral anoxia. Inhalation of spirits of ammonia acts as a stimulant and administration of oxygen will offset the cerebral anoxia and hasten the resuscitation.

PREVENTION

If the patient claims an allergy:

1. Test the effect of the drug if evidence of the allergy is vague or inconclusive. This can be done by means of:
 - a. A drop injected intradermally on the forearm. If there is an allergy a red flaring will be seen at the injection site within 20 minutes.
 - b. A saturated cotton pellet placed in the nostril will produce a redness of the mucosa within 15 minutes if an allergy is present.
 - c. A drop placed in the conjunctival sac will give an immediate redness and inflammation if an allergy is present.
2. Use a substitute drug if possible. Novacaine and lidocaine have different structures and hence there is no cross-allergy.
3. Protect the patient from the drug in advance by:
 - a. Controlling the allergy with antihistamines, etc
 - b. Having emergency resuscitation materials at hand.

The following items should be readily available in the dental office to deal with medical misadventures:

1. Spirits of ammonia.
2. Oxygen and mask.
3. Epinephrine 1:1000.
4. An intravenous short-acting barbiturate such as penthathol in readily injectable form, or paraldehyde for intramuscular injection.
5. An antihistamine such as chlor-tripolon or benedryl in injectable form.
6. Tourniquet.
7. Airway.
8. Suction.

Certain risks must be accepted in treating patients and, therefore, preparations must be made to deal with them as they arise.

TREATMENT

It is evident that the treatment of an emergency resulting from drug idiosyncrasy, therapeutic error resulting in an anaesthetic toxic reaction, or syncope is entirely symptomatic. When such a situation arises immediate action must be taken since all of these conditions follow a retrograde course if not intercepted. In an emergency there is no time for a thorough diagnosis or medical consultation. There is also no time to deal with these situations effectively if prior preparation has not been made. The correct procedure is to immediately attack the symptoms in the following manner:

1. At the first sign of syncope, or in a case with a history of syncope, place the patient in a prone position.
2. Apnea - give oxygen under pressure if available or use mouth to mouth artificial respiration as a second choice.
3. Convulsions - inject intravenously $\frac{1}{2}$ to 1 gram of pentathol, or intramuscularly 5 to 10 cc of paraldehyde.
4. Vascular collapse - place patient in a prone position and inject subcutaneously or intravenously 1 cc of 1:1000 epinephrine.
5. Allergic oedema and bronchospasm:
 - a. Place patient up right.
 - b. Give oxygen under pressure.
 - c. Give epinephrine as above.
 - d. Give 10 to 50 mgm of benedryl or chlor-tripolon intravenously.
 - e. Perform an emergency tracheotomy if all else fails.

Other treatments and drugs may be employed later when time permits and the situation is no longer considered an emergency.

SUMMARY

A discussion and comparison of drug idiosyncrasy, toxicity and syncope shows that these conditions are very similar and have a very sudden onset. It is pointed out that these situations can to a large extent be prevented, but when they occur they must be treated immediately and symptomatically without any distinction as to cause or attempt at differential diagnosis.

REFERENCES

- Laskin, D.M., "Oral Surgery Complications and how to prevent them", Oral Health 1958.
 Harris, S.C., "Aspiration before injection of Dental Local Anaesthetics", Journal of Oral Surgery, Vol 15, No. 4, Oct 1957.
 Kemp, R. "Golden Rules in Local Anaesthesia", Oral Health, Jan 1955.
 Epstein, S. "Local Anaesthetics - Their Characteristics and Use", Modern Dentistry Jan and May 1959

REFERENCES - (cont'd)

- Peterson, L.W., and Haynes, C.E., "Premedications and Sedation for the Surgical Patient", Journal of Oral Surgery, Vol 16, No. 2, Mar 1958
- Ainslie, E.H., "Medical Emergencies in Service Patients", Medical Service Journal Vol XV, No. 11, Dec 1959.
- Seldin, H.M., "Practical Anaesthesia for Dental and Oral Surgery", Chapter XI
- Burkett, L.W., "Oral Medicine", Sec 4, Chapter 12.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

FULL GOLD-ACRYLIC VENEER CROWN

Lt Col RE Brown, CD, DDS

At one time or another we have all felt frustration preparing a subgingival shoulder in the presence of blood and debris. It is impossible without a dry field to obtain a clear view of the shoulder and difficult to complete the preparation ideally with smooth, clean-cut line angles.

The following technique is presented for the completion of a full gold-acrylic veneer crown utilizing the rubber dam and a No 212 cervical clamp for the preparation and the impressions. An unobstructed view of the preparation and all its margins can be achieved using the rubber dam just prior to cutting the subgingival shoulder, after the bulk of the tooth has been reduced to the gingival margin with a high-speed water-spray technique.

Method

The tooth is reduced in the usual manner creating a shoulder on the labial and extending through the mesial and distal surfaces with a lingual chamfer connecting the mesial and distal shoulders. The shoulder part of the preparation is cut to the gingival line. The lingual chamfer, using a torpedo-shaped diamond, is cut to the gingival line and forms the final extension of the lingual surface. Since this stone follows the contour of the gingival tissue intimately, little or no bleeding is started. It is recommended that the labial surface be prepared in two planes to protect the pulp and to aid retention by following the original shape of the tooth. Also the transparency of acrylic dictates that sufficient labial surface be removed to obtain sufficient bulk for colour matching.

The rubber dam is applied with the cervical clamp to hold the gingival tissues apical to the final extension of the shoulder preparation and to the lingual chamfer already cut. The cervical clamp must be high enough on the tooth labially to allow at least one millimeter for a gold collar subgingivally.

The preparation is fully visible and the subgingival shoulder is completed to the necessary height and depth. The shoulder margins can now be planed smooth with chisels and made continuous with the lingual chamfer. The shoulder and chamfer margins are given a short bevel. This places the chamfer margin slightly subgingival as well.

Since the preparation and margins are completely visible it is simple to obtain an accurate impression. The cervical clamp, in place apical to the gingival margins, provides a stop for the copper band. Dental floss or wire passed through two holes cut in the incisal end of the band provides a convenient draw string. The copper band is filled with impression material of the operator's choice and seated in place against the cervical clamp.

After having obtained the copper band impression, the rubber dam is removed and full upper and lower arch impressions are made. Models poured from full arch impressions may be articulated more accurately than those obtained from small crown and bridge impressions. Impressions may be obtained by injecting alginate material around the preparation before seating the filled tray. The copper band and full impressions are given to the laboratory technician to pour in a die stone material which provides an accurate die of the finished preparation and an accurate record for laboratory fabrication procedures. The wax-up is done on the full arch preparation to establish the proximal contact points, incisal edge and anatomy but not the final gingival margin. The labial window is cut out and the wax pattern removed and seated on the individual die of the tooth preparation. All that is necessary is to add wax around the gingival margin to complete the wax pattern. The crown is cast and acrylic added on the labial surface.

Conclusion

The main advantage of this technique is to provide a dry-field view of the tooth preparation and gingival margin. However, rubber dam can be used in conjunction with any technique of the dentist's choice.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE DENTAL TECHNICIAN CLINICAL IN THE DENTAL HEALTH PROGRAMME

Ssgt EK Abernethy

By virtue of his training and experience the Dental Technician Clinical can be employed to great advantage in dental public health programmes. He has been trained to speak on home-care measures both to groups and to individuals, and, therefore, can conduct lectures and demonstrations on his own, or assist a dental officer in these tasks.

When the clinical technician is called on to instruct a group he should bear in mind the principles listed on page one of the RCDC Sample Lectures:

1. Know your subject
2. Believe in your subject
3. Address yourself to a person
4. React to the challenge
5. Have an objective.

It is easier to apply these principles when instructing groups not in excess of fifty persons, especially children at DND Schools. It is almost impossible, even with the aid of the teachers, to maintain order in groups of children larger than this. It is most important to select training aids to suit the size of the group. The use of the Speaker's Flip Charts, large posters, and articulating models are most effective when instructing small groups, whereas, films and slides are more appropriate for the larger groups.

The dental technician clinical should be prepared at all times to instruct on dental health. The material for presentation should be vetted beforehand by a dental officer for accuracy and scope. The attendance of a dental officer at the first few lectures would assist the clinical technician in gaining confidence.

At all times when lecturing on oral health, it should be emphasized that dental health is not just the responsibility of the RCDC but also of the individual and the unit. Dental health cannot be divorced from general health and no one can be considered completely healthy unless he is dentally fit.

In addition to lecturing, the clinical technician is trained and prepared to demonstrate the "How, When and Why" of toothbrushing, and training aids are available for this purpose. Through the use of slides and large diagrams depicting the loss of teeth due to disease of the supporting tissues, he can impress on people in the older age groups that it may be necessary to change life-long brushing habits and show how improper brushing can contribute to the development of dental disease.

The Dental Technician Clinical has been trained to relieve dental officers of much of the burden of dental health education. This training should be used to full advantage.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE AIROTOR AND VOLUME OF DENTISTRY - AN EVALUATION

Major DH Protheroe, DFC, CD, DDS, MPH

The advent of the airtor has been a boon both to the patient and the dentist. The advantages ^{1, 2} most frequently mentioned as a result of its use are: improved patient response due to the reduction in vibration and the speed with which operative procedures can be completed; reduced tension at the end of the day because patients are more relaxed; less fatigue is evident due to the lighter pressure required and the safety associated with the use of this equipment; the extraction of impacted and ankylosed teeth is facilitated because bone and tooth structure are so easily removed; and finally, the subject with which this paper is concerned, the volume of dentistry performed is increased.

When completed the cost of equipping the RCDC with airtors will be about \$60,000, to say nothing of the costs of installation, shipping and handling. With an expenditure of this magnitude, it was deemed rational to find out if this new equipment, in addition to its other advantages, would appreciably affect the number and type of operative and crown and bridge procedures performed by dental officers.

The design of the study was simply to compare the pertinent operations performed by individual officers before receiving an airtor with those performed during a like period with an airtor available for use. Only data on those officers who remained in the same location and who completed more than 100 duty days during the period studied were considered. In addition, officers were not informed that the study was in progress.

It was realized when the study was designed that it probably would not be possible to produce results which would have statistical significance because variables such as illness, morale, quality of or lack of an assistant and normal increase in production through experience might affect the amount of work performed. However, it was felt that the data would be sufficiently accurate to give an indication of this aspect of the value of the airtor to the Corps. After analysing the information collected, it is considered that the increases shown tend to err on the low side and the following observations can be made:

1. 43 officers operating for 6,861 duty days before and 7,062.5 days following installation of an airtor showed an overall increase in operative and crown and bridge procedures of 12.38%.
2. By using only the data on Majors and Lt Cols, who are all considered to be experienced dentists and have probably reached the peak of their productive capacity, the results were:

22 officers operating 3,671 duty days before and 3,685.5 days after installation showed an increase of 11.30%.
3. Multiple amalgams for the group of 43 officers increased by 15.79%

Multiple amalgams for the group of Majors and Lt Cols increased by 14.59%
4. Single amalgams for the group of 43 officers increased by 1.93%

Single amalgams for the group of Majors and Lt Cols increased by 5.34%
5. Cast gold restorations for the group of 43 officers increased by 1.99%

Cast gold restorations for the group of Majors and Lt Cols increased by 10.91%
6. Fixed bridges for the group of 43 officers increased by 28.22%

Fixed bridges for the group of Majors and Lt Cols increased by 15.15%

The results of a study concerned with the effect of airtors on the volume of dentistry produced by the RCDC have been presented and indicate a marked increase in operative and crown and bridge procedures, particularly, multiple amalgams and fixed bridges. However, when considering these data the limitations imposed by variables such as illness, morale, assistants and normal increase in production must be borne in mind.

References

1. Kilpatrick, H.C. High speed and ultra speed in dentistry, Philadelphia, Saunders, 1959. XII + 289 p. (p. 7)
2. Peyton, F.A. and Marrant, G.A. High speed and other instruments for cavity preparation. Internat. Dent. J. 9:309-29, Sept. 1959.

* * * * *

LABORATORY TIPS

WO 2 W Powers, CD

Plaster Matrices for Accurate Chrome-Cobalt Castings

Dental officers and laboratory technicians will both agree that it is a frustrating experience to produce a chrome-cobalt framework which apparently fits the cast perfectly, but does not quite fit the mouth and occasionally the casting may be out as much as several millimeters.

Often this discrepancy originates while the impression is being removed from the mouth as a result of the alginate pulling away from the tray. Usually this is obvious in a perforated tray, but the distortion that may occur should this happen when using a rimlock tray may go unnoticed.

The cast may be checked quickly and accurately against the mouth by means of the following technique:

1. Pour the cast in stone in the usual manner.
2. Block out undercut areas with plasticine, leaving the occlusal surfaces exposed.
3. Lubricate the exposed areas with liquid soap.
4. Cover the occlusal and incisal areas with a mix of Snow White Plaster. This may be strengthened by placing a long bur across the arch in the molar area.
5. Check the plaster matrix thus formed against the patient's mouth.

If, as a result of distorting the original impression, the matrix does not fit the mouth it will be necessary to make a new impression. If the matrix does seat correctly it may then be forwarded to the technician to check the investment cast against the master cast.

This plaster matrix technique takes about fifteen minutes of the technician's time, but may save several days of wasted effort.

Handpiece Cleaner

Handpiece cleaner has proven very useful in removing dirt and grease from instruments and hands. Here are a few hints:

1. Place approximately 1 inch of cleaner in a wide-mouth jar. Articles may then be scrubbed over the jar and excess cleaner will drip back into the jar.
2. Tripoli, rouge and chrome-cobalt polish can easily be removed from metal and plastic with handpiece cleaner by brushing with a stiff bristle brush. A Pl2 metal center or old toothbrush is ideal for this purpose.
3. Apply a few drops to the moving parts of a Hanau articulator and wipe off the excess with Kleenex. You will notice the easing of the moving parts immediately the cleaner is applied.

4. Apply a few drops of cleaner to the sleeve and post of the Dee surveyor with a cotton applicator, leaving a slight film on the parts. This will provide smooth action during surveying and trimming.
5. Dismantle the Dee adapter and chucks, clean the bearings and the inside of the adapter and chucks with cotton and handpiece cleaner, wipe off the excess cleaner and re-assemble.

Wedge Technique to Hold the Investment Mould Securely During Casting

There are quite a number of cases in which the investment moulds tend to come loose during the casting procedure. The following technique prevents this and reduces the possibility of distortion of the mould from excess pressure applied by the swivel plate:

1. After the investment is set remove the split ring and metal sprue.
2. Fill the sprue hole with baseplate wax to prevent loose investment from entering while trimming the mould.
3. Place the investment mould on the flat plate of the model trimmer with the sprue hole up.
4. Trim approximately $\frac{1}{2}$ " to $\frac{3}{4}$ " deep along the length of the mould where the split ring has left an investment ridge. The amount of trimming will be governed by the location of the waxed model.
5. Place the trimmed side of the investment mould towards you and trim the end of the mould which contains the sprue hole on a slight taper so that the portion farthest away from you will be approximately $\frac{1}{4}$ " shorter.
6. An investment mould trimmed in this way will be held securely in place when the casting arm is released.

To Reduce Heat Loss During Casting

It is essential that the investment mould be maintained at as high a temperature as possible during the casting procedure. This is difficult since the hot investment mould tends to lose heat when placed against a relatively cold metal swivel plate.

To prevent this heat loss to some degree, place about eight sheets of asbestos on the flat side of the swivel plate and cement them on the reverse side with soldering investment. Do not cover the thread with soldering investment as the swivel plate must move freely. The asbestos covering will last many years and effectively insulates the mould.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE DENTAL TECHNICIAN CLINICAL

WO 2 RH Daw, CD

To some outsiders a dental prophylaxis is a very simple and boring task to perform and they cannot see why anyone would make a career of it. The Dental Technician Clinical knows this is not true and one of his objectives is to prove it. He can easily fall into the rut of being nothing more than a "tooth cleaner" or he can use the skill, knowledge and ability gained on courses at The RCDC School in such a way that he will make a positive contribution to preventive dentistry.

While the mechanical part of the prophylaxis is being performed, the dental technician clinical must explain to the patient what is being done for him, what causes calculus and the dangers of allowing it to remain on the teeth. Most patients are surprised to learn that more teeth are lost due to periodontal conditions than from caries. At this point, the usual question is: "How can I prevent the deposit from returning?". In answering, explain carefully that the style of brush and the method of cleaning are most important. Some patients will tell you that they brush after each meal and their mouth shows this to be true, except that the brushing technique used has caused abrasion. This type of patient is more than willing to change his habits. Another type of patient is the one who wakes up in the morning and decides it is time someone did something about his teeth for him. He is usually convinced that complete extractions are the only answer. His teeth are almost completely encased in an armour of both sub and supra-gingival calculus. He is quite surprised to find that under the layer of debris, he still has quite respectable teeth, and with encouragement will do a fairly satisfactory job of looking after his mouth and will be seen in the clinic from time to time requesting another prophylaxis. He has been properly educated as to the value of caring for his teeth and is quite pleased with himself.

A book could be written about the many other types of patients. There is the type who is terrified through ignorance, superstition and stories about the horrible things that can happen in a dental office, but the most infuriating patient is the one who sits in your chair and acts as though he was anaesthetized from the neck up. His mouth has an odour of ancient plumbing and his teeth can barely be seen through at least a week's accumulation of food. When told of this, he just looks at you as if you were talking about another person. He never answers you throughout the entire appointment and you know full well that all you have said is in vain. As he leaves, you know that he will be back sometime and in the same condition as before.

The service performed by the clinical technician is never simple and far from boring. If only one patient a day thanks you and says how pleased he is with what you have done for him, then you can be satisfied that you have done your job well.

The foregoing has related some of the problems which face the dental technician clinical. In order to cope with these problems the following procedures work well in this clinic and are offered for information to other clinical technicians:

1. Whenever possible, draw the 465s from the file for your complete day's patients. This will relieve the pressure during sick parades and leave you free to call your patients without having to go to the file for each one individually.

2. If possible, be prompt on appointments; but if five or ten minutes more will complete the treatment, let the present patient and the next appointment know that you will be a few minutes longer. In so doing, your next appointment will not think he has been forgotten.
3. Make sure that referral slips are signed and instructions clearly understood. This is for your protection as well as the patient's.
4. Enter treatment on the 465 as soon as the appointment is completed and return it to the referring dental officer before seating the next patient. This procedure will prevent possible loss of documents.
5. Instruments must be maintained in good condition. They should be sharpened at least once a week. When sharpening use care not to remove too much metal as this reduces the life of the instrument. If using a stone in the straight handpiece, do so at low speed which will prevent over-heating the metal and loss of temper.
6. The prophylaxis handpiece must be thoroughly cleaned once a day. At the end of the day the handpiece should be taken apart and dropped in handpiece cleaner and left overnight. In the morning it should be dried and lubricated in preparation for use.
7. Tailor your oral hygiene instruction to fit the personality of the patient. A manufactured talk is easily spotted by the patient and he soon loses interest in what you are saying. Keep the talk interesting but do not adopt a "barber-shop" attitude.
8. The existence of radiation hazards demands good X-ray technique. A few seconds of instruction to the patient will save time later on, ie, instruct him in the proper method of breathing to prevent gagging and the proper method of retaining the film in the mouth. Be sure that the processing solutions are changed at regular intervals. A good radiographic technique can easily be ruined by sloppy darkroom procedures.
9. The patient should be seated as comfortably as possible commensurate with a comfortable operating position for the technician. The patient will be in the chair a relatively short time compared to the hours per day that the technician will be working.
10. Cleanliness of the clinic bay, unit, chair and X-ray should be of a high standard at all times, to say nothing of the personal cleanliness of the clinical technician. In addition, every effort must be made to avoid soiling the patient's clothing.

In conclusion, it is hoped that the information contained in this article will be useful to other dental technicians clinical and that continued progress will be made in the field of Oral Hygiene.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE RCDC AT CAMP WAINWRIGHT ALBERTA 1960

Major TD Cobb, CD, DDS

The Annual Summer Training Concentration in Camp Wainwright for 1960 took place during June and July. Early in June the various units of the 1st Canadian Infantry Brigade Group began to arrive from their home stations and by 25th June all were bivouaced throughout the camp area ready for training as a Bde Gp. The services or "logistics" were actually in position by 11 June in order to prepare for reception of the arms units and also to exercise the new logistics concept prior to the arrival of the arms units.

The system of supply and maintenance used this year was that of the "Logistics Battalion". In a nutshell, this is simply the gathering up of all bits and pieces that formerly infested the old Adm Area - Tpt Pls, Ordnance, RCME Wksps, etc - and the forming of a logistics battalion with a Bn Comd. The components of the log bn are formed into two "heavy companies" which are of about identical composition. The result is the central control and operation of a task and area which formerly was somewhat cluttered and quite decentralized. One of the main advantages of this log bn concept is the maximum use of transport facilities in the most economical way. Demands from the fighting troops all channel through the FLCC (forward logistics control centre) located near or at Bde HQ. The log bn then arranges delivery or service as required. One of the most formidable units in the logistics group located at the HQ Log Bn was the Dental Section.

Major "Ty" Cobb, Sgt "Red" Arnsby, Cpl "John" Dion and Pte "Roger" Monahan together with their two dental vans, generators and jeep entered the field area on 11th June and located themselves with the HQ Log Bn. This HQ was largely composed of RCASC personnel, being in fact HQ 4 Tpt Coy. Being attached to an RCASC unit always has the advantage of good food and the tradition in this case was well maintained.

Exercise "Blue Blade" commencing on 14th June was purely an exercise of service units to test the log bn system. The writer was agreeably surprised to find that instead of being the "cowstail" on movements in cross-country convoy, the new mobiles performance exceeded that of most of the other vehicles in the HQ. This was also apparent on Exercises "Ground Power" and "Thunderbird".

During the period of the concentration 304 patients were treated, all cases being of an acute or relatively emergent nature. Acute periodontal disease was prevalent but no more than on any similar outdoor concentrations operating under field conditions. Some of this may be inevitable since, despite dental health education, the infantry soldier is not in a position or mood for brushing his teeth after three days without sleep and having just finished a cold tin of meatballs at 3 AM in the rain. The demand for treatment varied with the exercises and general training activity. On some days there were no patients, and on others as many as 22. After considering various methods to reduce the number of patients, the solution was produced by Bde HQ who ensured that we became involved in a night move just as soon as we had settled. This system worked very well since as soon as units finally found our new location we would move again and by morning be located some 20 to 40 miles away, artfully concealed in the bush, artfully concealed that is, except for the large red crosses and white circles on the vans. Our Bde Comd in his helicopter and the enemy "Fantasians" seemed to be drawn to these like ants to a picnic much to the distress of the other vehicles of the Log Bn HQ. Several suggestions are offered for rendering dental vans less obvious:

- a. Never enter the field unless the Bde Comd is colour blind;
- b. Paint all other vehicles in the bde with crosses;
- c. Turn the vans upside down; or
- d. Hold the concentration somewhere else in Canada where there are trees.

Note: These have been sent to Geneva for consideration. Satisfactory results were finally achieved by setting up the clinic and lab in the jeep which though crowded, offered no concealment problems.

All movements were confined to the hours of darkness, with direction finding done solely by the Braille system. This worked well under blackout conditions since you could at least locate the steering wheel before starting out. It is at this point one appreciates the cross-country performance of the mobile clinics.

The use of a 10 KW generator was found to be far superior to that of the small 3 KW model. Overloading and resultant breakdown no longer was a hazard. A longer period of operation on one fueling was also an advantage since the petrol must be continually obtained in jerricans. On one occasion, the "re-set" button refused to automatically re-engage so Pte Monahan sat with his finger on the button while five patients were treated. This dedication to duty is mentioned here in order that the Dutch Boy and the dyke do not retain their sole position in history.

Dental equipment in the vans themselves certainly cannot be criticized. During the whole period there was no operating failure in either the clinic or the lab.

After grave and thoughtful consideration and review of the course of events of the past two months, I have drawn the following conclusions from the 1960 concentration:

- a. Field equipment of the RCDC is excellent;
- b. Home cooking is better; and
- c. Field service on exercise in Canada can be more hazardous in some respects than actual operations.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

DENTAL OFFICER ALLOWANCE

The announcement of the revised Service rates of pay and dental officers' allowance made just prior to publication of this issue, was received with considerable satisfaction. Although a long time in the making the new scale recognizes the worth of our Corps and should provide incentive and encouragement to those who intend to make or who have made a career in the RCDC. It should also add support to the spirit of the Editorial on page 1.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

DIRECTORATE NEWS

CDA Convention

The RCDC was well represented at the Canadian Dental Association Convention held here in Ottawa during September with Brig KM Baird and other officers in attendance. Col HL Harris, Lt Col John Butler and Major Hap Protheroe were available at the RCDC Exhibit to answer questions about the RCTP and Subsidization schemes which were featured in the Corps display. Lt Col Laurie Craigie from The RCDC School and Major John Brick from the Directorate presented a short paper and demonstration with the aid of moulages and a manikin on the diagnosis and preliminary treatment of casualties in the event of a National Emergency. Other members of the Corps seen at the scientific and social events included Col Tommy Marsh, Lt Col Alec Roger, Lt Col Charlie Cornish, Majors Andy Andrews, Murray Donely, Paul Sills and Malcolm Smith and Captains Girard, Lesage and MacPhee.



RCDC officers gathered around the Corps exhibit at the CDA Convention are:

(Left to Right) Maj Andy Andrews, Lt Col Charlie Cornish, Maj Murray Donely, Maj Hap Protheroe, Lt Col Alex Roger and Maj John Brick

First Meeting of the Board of Consultants

On 26th September six of the eight members of the Board of Consultants were welcomed by the Adjutant-General, Major-General JDB Smith, to their first meeting with officers of the Directorate. The Board took part in an informative and stimulating discussion following the presentation of short papers by Directorate officers outlining current RCDC activities and future plans. Present at the meeting were: Dr DW Gullett, Dr JP Lussier, Dr HR MacLean, Dr JD McLean, Dr JW Neilson and Dr DM Tanner.

Corps Conference

Commanding Officers of Regular Force Dental Units and their Quartermasters from across Canada attended a DGDS Study Period and Corps Conference in Ottawa and Camp Petawawa Sep 28 - 30. Members of the RCDC Militia Advisory Staff were invited to attend certain portions of the conference.

The meeting, held under the direction of Brig KM Baird, was chaired by Col GB Shillington.

The Ottawa portion of the conference concluded with a cocktail party and dinner held at AHQ Officers' Mess.

On 30 Sep the conference moved to Camp Petawawa to inspect the new facilities of No 1 Dental Equipment Depot and meet with the Quartermasters who had been in session there for the previous two days.



Pictured are officers in attendance at the recent Corps Conference

Lt Col JG Hamilton to Retire

Lt Col JG Hamilton, Senior Procurement Officer on the Directorate Staff, is retiring at the end of October after 21 years of service.

Graham was called up on August 26, 1939, with the RCASC and transferred to No 11 Company, Canadian Dental Corps at Workpoint Barracks, Victoria on September 10, 1939. He was posted overseas as Quartermaster with No 3 Coy CDC in May 1941 where he became Commanding Officer of No 1 Canadian Army Dental Stores on its formation, and was promoted to Major. He commanded this unit through the Italian Campaign and in to Northwest Europe. After the Second World War, Graham served as Captain Quartermaster with No 11 Coy at Calgary, until 1950, when he became Commanding Officer of Central Dental Stores and was again promoted to Major. On April 1, 1957, he was appointed Senior Procurement Officer at the Directorate and promoted to Lt Col. Graham and Frances plan to retire to Vancouver, BC.

WO 2 Ralph Highgason Retires

WO 2 Highgason was born in Brandon, Manitoba, on October 14, 1908. At an early age his family moved to Winnipeg, where he received his education. Ralph, as he is more affectionately known to his many friends, enrolled in the Canadian Army during the Second World War on October 14, 1942. He was trained as a dental assistant, attaining the rank of Sgt, and served in dental clinics in Western Canada.

On acceptance into the Canadian Army Regular with the rank of Cpl, he remustered to the trade of Dental Storeman and after service with 11 Dent Coy in Edmonton and Calgary was posted to Germany for a two-year tour of duty. On his return in Sept 55 he was posted to 14 Dent Coy, and was employed in the stores section, Fort Osborne Barracks in Winnipeg. WO 2 Highgason was promoted to his present rank on 1 Jul 56 and posted to Ottawa for employment in the Procurement Section. Ralph was posted to 13 Pers Depot on the 25th of July for release proceedings, and will be released on January 11, 1961. He is married with one daughter 10 yrs of age, and resides in Ottawa where he owns his own home.

RCDC Association Annual Meeting

Brig Baird addressed the opening session of the RCDC Association meeting on 29 Sep 60, at which time he announced the successful units in the Annual RCDC Militia General Efficiency Competition.

No 50 Dental Unit of Halifax, commanded by Lt Col GC MacLeod won the Moore Trophy for the fifth time in seven years. The runner-up and winner of the Trelford Trophy was No 55 Dental Unit of London, Ont, commanded by Lt Col AJ Harris. No 61 Dental Unit of Vancouver, commanded by Lt Col FK Currie was awarded the Saskatchewan Dental Association Memorial Trophy as the most improved unit in general efficiency over the past year.

Miscellaneous News

Brig and Mrs. KM Baird attended the Fall Meeting of the Montreal Dental Club 19 - 22 Oct 60.

Col and Mrs GB Shillington attended the American Dental Association Meeting in Los Angeles, Calif, 17 - 20 Oct 60 and then proceeded on a Hawaiian holiday.

Major Harry Protheroe has just returned from two weeks at RMC, Kingston, where he along with his study staff completed phase two and commenced phase three of the Fluoridization Study being carried out on RMC cadets. The staff this year included Maj Tiny Chatwin, Capt Norm Gage, WO 2 Tom Batten, Ssgts Merv Conkey, John Sherry and John Shiner, Sgts Ken Shappee and Terry Therrien and Mrs Ball, Mrs Debiki and Mrs Sharpley.

Congratulations are being offered to Col HL Harris on his appointment as Queen's Honorary Dental Surgeon.

It is rumoured that Lt Col John Butler will shortly be handing over the presidency of the RCDC Bachelor Officers' Club to his room mate Major Paul Sills since he will no longer qualify for membership.

Newcomers to the DGDS sub-staff in the past quarter are WO 2 VO Bergland and Ssgt Joe Card, both from No 1 Dent Eqpt Dep.

Sports News

RCDC personnel in the Ottawa area held a golf tournament at the Glenlea Golf Club in mid-September. Lt Col Butler, Col Harris, Sgt Bill Hill, Brig Baird and Sgt Lloyd Brown made the prize list in this order. Coincidentally Col Harris and Lt Col Butler devised the handicapping system and it is rumoured there will be a new committee next year.

Col Harris and Lt Col Butler along with G/C "Digger" Dagg and Lt Col Bill Timmerman successfully combined their golf and curling skills to make the prize list at the annual Ottawa Hunt Golf and Curling Club Golfspiel marking the opening of the curling season and closing of the golf season.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

NO 1 DENTAL EQUIPMENT DEPOT

This is the first report from the Depot's new location in the wilds of Camp Petawawa. In case you have never had the pleasure of visiting this camp it is situated approximately 100 miles west of Ottawa, up the Ottawa River Valley.

To those who enjoy hunting and fishing this is a paradise but to the city lovers it means many miles of road travel. All agree though that it is a very beautiful valley and that the new accommodation is ideal.

We wish to take this opportunity to say "Au revoir" and many thanks to the following four stalwarts who played an instrumental part in organizing the move of the Depot from Ottawa to Petawawa: Major Brusso, WO 2 Bergland and Ssgt Card who were posted to the Directorate in Ottawa, and Capt Mullins, who was posted to No 12 Coy, Halifax. We also say "Au revoir" to Sgt Everett who has been posted to No 13 Coy, Trenton, as an Equipment Repairer.

Now that we have said our good-byes we turn to introducing and welcoming the new additions to our staff who have arrived since the last issue of the Quarterly was published.

We are most happy to introduce Major Fletcher, our Commanding Officer, who reported from the Directorate just before the move of the Depot commenced. WO 2 Fisk, after a lengthy stay at 15 Coy and a quick trip through The RCDC School has also become a member of the Depot staff. Staff Davison has left his mad whirl of Judo and curling at Trenton and is beginning to get caught up in the maelstrom again. It just goes to show that you should never trust a woman -- his wife got him into it all -- he says. Sgt Yeates finds Camp Petawawa much quieter than the "Night Life" of Montreal.

Cpl Beattie, after living a life of luxury with the RCAF in Trenton for three years, has again returned to Camp Petawawa. Pte Lubitz is no stranger to the Depot having been with the unit from 1951 to 1954 prior to his move to Trenton. Harvey is now happily settled in his first PMQ. Mrs Boisvert, Clerk 2, has come to us from Camp Headquarters and we hope to make her stay here a happy one. Mrs MacQuarrie, Clerk, came from 2 CIBG and is a good person to have on the ledgers as she is Scottish by birth. Mr Faught and Mr Mills, a carpenter and fork-lift operator respectively, are finding the Depot a busy place with plenty of work for everyone.

A number of our personnel are increasing their knowledge this year with various courses. Pte Snutch is on a Jr NCO Course and Sgt Sullivan is taking an advanced course in First Aid with the hope of obtaining his Medallion. WO 1 Church is conducting a Group 1 Dental Equipment Repairer Course for Sgt Tait from 13 Coy and Sgt Hopkins from this unit.

The personnel of the Depot were glad to renew old acquaintances and entertain the Quartermasters from across Canada during the recent Conference held here. Also we welcomed the opportunity to display our new Depot to the Director and his staff and to the Commanding Officers of the Dental Coys who paid us a short visit on 29 Sep 60 as a wind-up to the Commanding Officers and Quartermasters Conferences.

The Dental Equipment Depot has many active sportsmen gathered under one roof. We must admit that some play a mean game of football and hockey from an easy chair in front of the TV, but nevertheless, they are sportsmen. While the summer weather continues a few are still trying to improve their golf. Others are busily engaged in bowling, volleyball and the remainder are deep in thought on ways to baffle the opponents they will meet on the Curling ice.

THE RCDC SCHOOL

The fall edition of the Quarterly finds the School staff in the midst of their annual change-over from summer courses for the ROTP and subsidized officers to our clinical and trades courses for Regular Force officers and men.

This year saw our first class of Phase 2 cadets at the School. They commenced training with a two-week familiarization visit to HMCS Cornwallis followed by a similar visit to RCAF Station, Centralia. On arrival in Camp Borden on 9 Jul the cadets had been well briefed on the functions of a naval ship and an Air Force Station. For the next seven weeks they concentrated on Corps subjects at our School as well as First Aid and National Survival Training at the CFMS Training Centre. The six cadets agreed unanimously that their summer had been interesting and beneficial.

The seven cadets and five subsidized officers in third phase spent three months at the School on Special to Corps subjects. The training for this phase is climaxed with the award of three trophies for achievement in training. Winners this year were:

Honour Cadet	-	O/Cdt Harold Brogan - Dalhousie
Chief Instructor's Trophy Proficiency Award	-	2 Lt Jean Paul Roussel - University of Montreal
Field Exercise Trophy	-	O/Cdt Morley Deyette and O/Cdt Kerry Mathers - University of Toronto

Fletcher Trophy

Friday, 16th September saw the invasion of the local Golf course by the Sneads, Hogans and Middlecoffs of The RCDC School. This annual event for the coveted Fletcher Trophy was won this year by the School Adjutant, Capt Chas Casterton. The entry list this year was the largest in the three-year history of the event and the competition was keener than ever. If it hadn't been for a couple of really sneaky putts that stayed out any one of four or five could have won. WO 2 Tom Batten, Colonel Kearney and RSM Van Ryssel were all just a stroke or two away. Lt Col Jay Turner and his cohort Lt Col Laurie Craigie were neck and neck coming down the stretch when Jay claimed two "lookouts" that Laurie agreed to spot him. Bruce Morse was heard somewhere in the woods off the seventh fairway taking a well-known club manufacturer to task and emerged seconds later with his five iron in two pieces.

The nineteenth hole was played at the Sgts' Mess and was undoubtedly the best played hole of the day. There were no bogeys, several pars and it was reported that some of the boys succeeded in getting the bird.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

11 DENTAL COMPANYTOS

Sgt Merv Fediuk, on completion of the Dental Technician Clinical Course, has been posted to a choice location at RCAF Stn, Cold Lake. Watch it Merv -- people have been known to get married while up there.

Sgt Gerry Shand has returned from CBUME with the usual roll of savings and an understandable dislike for sand. He is now in the process of renewing old acquaintances at his new attachment to RCAF Stn, Cold Lake.

WO 2 Vince Blackmore (ex The RCDC School) is now in the hunters and fishermen's paradise at Whitehorse. Proof of the pudding' is a report from the Far North that he caught a 24 lb trout ---- apparently when Sgt Johnny Moore weighed it later in the day, it had dehydrated to around 4 lbs.

Sgt Alex Ponton has joined our overworked and underpaid (or so they claim) QM staff from 12 Coy Stores.

Major Dave Carmichael's love for sand and sea (acquired while with CBUME) has been satisfied by a posting to HMC Dockyard, Esquimalt.

Sgt Mickey Kidd and Cpl Pete Eastwood have been TOS but have not as yet put in an appearance.

SOS

Sgt Mike Pasquini has returned to his native haunts in Ontario on posting to 13 Coy prior to his release next year. Good luck Mike.

Cpl Don Gardner enjoyed a spot of leave at Aylmer, Quebec where his family will remain during his 12-month vacation (with pay) at CBUME.

Capt Rolly Lanthier is anxious to see the famous Egyptian dancing girls. The CA(R) and CBUME are obliging.

Capt Larry Kelly and family have set up housekeeping in Germany where Papa is serving with 4 Fd.

Retirement of Capt Gord Woodcock

Captain "Gord" Woodcock, our Adm Offr, is to retire after 20 years of service. "Gord" enrolled as a Private with No 15 Coy CDC at Halifax in Oct 40. He served with that Coy until Feb 45 when he transferred as a Staff Sergeant to the Infantry on AG draft for overseas. After more than four years of service, he had to take basic and advanced training at Yarmouth and Aldershot, NS, respectively. At the end of the war "Gord" was serving in Debent with the Infantry. In September he transferred back to the Dental Corps with 35 Coy at Halifax and in the spring of '46 he was posted to 50 Coy at HMCS Stadacona. In June of the same year he was posted to 31 Coy in Vancouver and following the disbandment of that Company he returned to Halifax as a Corporal.

In March 1950 he was posted to the Directorate and served in Ottawa for 13 months. While there he was promoted to Sergeant and Staff Sergeant. In Sep 51 he was posted to 13 Coy at Trenton and promoted to WO 2. Commissioned in Jun 53 he

served as Administrative Officer until Jul 54 when he was posted to this unit. Capt Woodcock's retirement plans include a position on the staff at University of Alberta Dental Faculty and joining the local Militia Dental Unit. To quote Capt Woodcock, "I am very reluctant to leave the Service and the Dental Corps, however, I must consider the future and the University of Alberta has offered an opportunity for a continued career". All members of No 11 Coy wish every success to "Gord" in his new position.

RELEASE

Capt Cal Edwardh has taken his release from the Corps and is comfortably set up in Edmonton. His offices are within shouting distance of HQ Western Command.

ATTACHMENTS

Capt Guy Tremblay has moved from RCAF Cold Lake to RCSME Vedder Crossing for a sample of life at an Army School.

Sgt Bingo Shaw also left RCAF Cold Lake and headed out to Vancouver for a spell at HQ BC Area.

Pte Roger Monahan has moved bag, baggage and family from Edmonton to RCAF Cold Lake.

Sgt Art Nicholson is apparently well settled in Vancouver after many moons at RCAF Comox.

Cpl Ed MacInnis made the trek over the mountains from RCAF Sea Island and found rations, quarters and work at RCAF Penhold.

SEA DUTY

Major Bob Fell and Sgt Johnny Christiansen made a noise like "Whirly Birds" when they were air lifted, by helicopter, from HMCS Cape Breton and placed on standby for Congo duty. As of this writing they are still with us, but -----?

Sgt Ron D'Eon was also flown out but returned to sea duty in HMCS Cape Breton and has since been joined by Capt Dave Gardner and Sgt Red Arnsby.

MARRIAGE

Miss Ruth Loucks of 25 Clinic, Griesbach Barracks, has taken the matrimonial leap. She and Lt Earl Mansfield (2 PPCLI) were married at Norwood United Church in Edmonton on 10th September. The beautiful bride, her gown and flowers have all been described in glowing terms. On detailed cross-examination the ladies of the congregation decided there had been a groom but as usual were extremely vague in their descriptions. Never mind, Earl, it was ever thus.

LEAVE

All clinics report that the summer leave period has been enjoyed to the fullest and all points of interest on the North American continent seem to have been visited.

HUNTING

Capt Bill Collier has, in addition to the mountain goat and sheep trophies photographically displayed elsewhere in this issue, shot a black bear. He shall henceforth be known as the Head (or is Chief a better word?) Hunter of 11 Coy.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

12 DENTAL COMPANY

A goodly number of personnel have arrived to replace those posted overseas earlier in the year. Major Al Taylor, Capt John Marshall, Capt Hal Bunston and Ssgt Wendy Wentzell all from 35 Fd Dent Unit have recently joined 12 Company. Capt Hal Bunston is the only stranger to the area and is quite settled in. As a matter of fact he camped in his PMQ for two weeks before his furniture and effects arrived.

Our two Dalhousie graduates, Capts B Johnston and Sid Campbell are becoming acclimatized at Gagetown and Stadacona respectively. Capt Campbell has already done half a dozen TD trips and must be wondering what "settled down" means.

Capt Bill Curry, a recent Dalhousie graduate, and a member of 50 Dental Unit (M) has now ceased his call-out and is practising in Halifax. Capt John Nasedkin, a University of Alberta graduate called out from Western Command Supp Reserve, is leaving in mid-October for the UK for a couple of years.

Capt Murray Dewis, Dalhousie University (1959), having completed a year's call-out, has now gone on to the University of Toronto to take graduate training in Orthodontics. His strong golf game was greatly missed by HQ Eastern Command in the Tri-Service play-offs here this fall.

Major Tom Gaudet has been promoted and posted once again, this time to Chatham, NB. Capt Bill Shaw has moved from Halifax to Camp Gagetown. Ssgt Art Brown has been promoted and is now on posting from St John's to Halifax. Sgt Bill MacDougall has now taken up residence in Fort Churchill. His organizational ability will be missed here. Cpl Bill Harmer is off to CBUME for a tour of duty.

Our other travellers have been Capt Ike Gordon on temporary duty to St John's and Capt John Marshall on TD to Gander.

Lt Col and Mrs Laurie Cameron held a corn and weeny roast for the officers and their wives at his ranch in Windsor Junction. Outside of Capt Jack Quackenbush roasting (and burning) a batch of corn and upsetting the portable burner and nearly breaking his leg in a couple of pot holes and Capt John Mullins missing a stop-sign returning home (it was a T intersection), the party was a complete success. Lt Col Cameron's brother, Dr RF Cameron (former Major 41 - 46) also attended and helped to fight the good fight all over again.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

13 DENTAL COMPANYPromotions, Transfers, etc

Ssgt BA McLeod's promotion to WO 2 was announced in Jul 60. "Mac" was born at Dromore, PEI in Apr 23. He joined the NPAM in Jul 39, enrolled in the RCA at Montreal in Sep 41, transferred to RCOC and went overseas in Dec 42 to 4 VRD, Borden, Hants as Driver IC where he served until Aug 44. He volunteered for RCIC and was posted to the Cape Breton Highlanders in Italy and served with that unit as a rifleman from Oct 44 to Jun 45 when he was returned to Canada on the formation of the Pacific Force. In Jun 46 Mac transferred to the RCDC as GD and was posted to Toronto. In September of that year he moved to Trenton for employment in 13 Coy Stores. He was posted to 1 Central Dental Stores in Sep 49, promoted Cpl 27 Apr 50 and A/Sgt 15 Aug 52. After serving a year in Korea where he was promoted Ssgt he returned to 12 Coy in Jun 54. In Jul 56 he was posted to 35 Fd Dent Unit and on his return from France in Aug 59 was posted once again to Trenton where he happily resides in PMQs with his wife and two children.

L Cpl JG Kennedy's promotion to Cpl was announced in Jul 60. He was born at Glace Bay, Cape Breton in Sep 34. He enrolled in the RCDC 16 Oct 51 and trained as a DA. In Nov 54 he returned to civvy street having served a year's hitch in the Far East. He re-enrolled in Mar 56 with RCEME, subsequently transferring to the RCDC in May 57 and is now employed in QM Stores. Cpl Kennedy resides in PMQs with his wife and two children.

Pte PJ Dumas' promotion to Cpl was announced in Jul 60. He was born at Cochrane, Ont in Sep 40. He enrolled in the RCRs in Oct 57, subsequently transferring to the RCDC in Jul 59 and qualified as DA in Oct 59. Since then he has been employed at the Cdn Forces Hospital, Kingston, Camp Ipperwash and this HQ.

Major JW Jolly departed Centralia with his wife and family for Fort Churchill on 22 Sep 60. Major PE Fafard, formerly at RCAF Stn, Clinton, will be taking over at Centralia. Capt L Dombowsky was SOS to 7 Pers Depot, London, for release 13 Sep 60, and will open a practise in Weyburn, Sask. Capt DA Warrick was posted from RCAF Stn, Camp Borden to Camp Ipperwash to replace Capt Dombowski.

Sgt JCA Therrien was posted to this unit Jul 60 on completion of the DT Clinical Course and is employed at RCAF Station, Clinton.

Dr KN Munro, employed at RCAF Stn, Downsview for the summer, has returned to the University of Toronto to undertake graduate training in Orthodontics.

Sgt A Pasquini arrived from 11 Coy in Aug and is employed at HQ Eastern Ontario Area, Kingston where he intends to reside following his release in Mar 61.

Pte WL Wylie, a Clerk Adm Gp 3, transferred to the RCDC from RCASC while in Germany and reported to Trenton in September with his wife and son.

Mrs GM McNamee was appointed at No 1 Clinic, Ottawa to replace Mrs Wilma Conkey who has moved to Petawawa with her husband, Ssgt Merv Conkey.

Courses

The following are attending courses which commenced in Sep:

Sgt	AJ	Tait	-	DER	Gp 1
Cpl	HM	McCurdie	-	DT Lab	Gp 3
Pte	JEN	Boucher	-	Jr NCO	
AWL	JA	Bowes	-	DA	Gp 1
AWL	MJ	Glowachuk	-	DA	Gp 1
AWL	AC	Hughes	-	DA	Gp 1

Marriages and Births

Sgt JCA Therrien was married to Miss Gertrude Ellen McNamara at West Saint John, NB Jul 60. Sgt and Mrs Therrien now reside at 19 William St., Clinton, Ont.

A daughter, Leslie Barbara, was born 24 Aug to Capt and Mrs Hugh MacKay.

A son, Edward Gray, was born 5 Aug to Capt and Mrs Ed Baird.

A daughter, Jillian Love, was born 22 Aug to Capt and Mrs JJ Mitchinson.

Miscellaneous

Dr WO Gardiner entered the Ottawa Civic Hospital 12 Sep and we are all pleased to hear he is now back at work.

Major Paul Fafard was a judge at RCAF Station, Clinton for the annual driving rodeo on the afternoon of 17 Aug. Major Pierce is happy to report that all the drivers missed Paul.

Major Pierce and Major Fafard reported in Aug that they would be participating in the Clinton annual inter-station Golf Tournament at Goderich, but did not anticipate that the RCDC would win a prize, unless there was one for determination, effort and score manipulation. (No word as yet of any prizes!)

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

14 DENTAL COMPANY

On 14 Jul Major "Joe" Bourque departed Fort Churchill for 15 Dental Coy and duty at Camp Valcartier. We trust that the Major and his family are now happily settled in their new location and have become acclimatized and adjusted again to life on the "Outside".

Ssgt Roger Savoie, who left on 8 Jul to augment the "Q" staff at The RCDC School, is being congratulated on his promotion to "Staff" which he attained on reporting to his new location. Sgt "Kelly" MacFarlane, his replacement, has reported in from 35 Fd Dent Unit, Metz, France and is rapidly becoming ensconced in our QM Stores.

The many friends of Pte JG MacDonald, who is employed in the clinic at RCAF Station, Saskatoon, were saddened with the news of the death, on 10 Jul, of his nine months old son Joseph Ian Gerard MacDonald. Our sincere condolences are extended to the MacDonald family.

Sgt JR Cahill, who was employed at RCAF Station, Saskatoon, was SOS 24 Jul on posting to Germany. We wish the Cahill's a very enjoyable tour.

Cpl Demedash reported 9 Aug on posting from The RCDC School and is now employed at RCAF Station, Winnipeg.

Capt George Moore arrived from 35 Fd Dent Unit for duty as Adm Offr on 22 Aug. Housing accommodation has been secured and the Moore's are busy settling in.

With the advent of the fall hunting season all the pseudo Nimrods are oiling up their "shooting irons" and feverishly making plans for the hunt. Capt "Dave" Cook

the general co-ordinator for the HQ Man Area Officers' Mess Duck Lodge, is busy preparing the Lodge and arranging bookings for duck and goose hunters. Opening day was Friday, 16 Sep. The Lodge is situated near Winnipeg on one of Canada's best water fowl fly-ways, where hunters have consistently reported great success.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

15 DENTAL COMPANY

Most members of this company are now back from the summer portion of their annual leave and we must say that all returnees at least look as if they had enjoyed themselves. All, of course, are of the opinion that there should be more and longer periods of leave. Cpl Chayer returned from leave with a young lady from New Brunswick as his wife. Congratulations, Marcel. A wreath will be considered when The RCDC Fund can afford it.

Major Bob Dyer has been appointed chairman of the Boy Scouts Association at St Jean, Que. F/Sgt Pat Savage won a silver medal at RCAF St Jean swimming meet. Cpl Alf Hussey and WO 2 Dick Lobb are now settled in and busily at work. A new addition to our establishment at Valcartier is Pte Ferland - welcome aboard. Miss Vivien Falardeau arrived at Valcartier 29 Aug to replace Miss Josette Routhier. Miss Routhier is retiring to married life as the wife of F/L JM Cote, MD, and will reside at Holberg, BC. 11 Coy take note of a good assistant. AWL MacDonald, Bagotville, has been promoted to LAW - congratulations.

Future Corpsmen: Capt and Mrs Marion - nine pound boy; Sgt and Mrs Bourgeois - seven pound boy; Sgt and Mrs Southin - nine pound boy. Congratulations to all and a special thought to Tony and Mrs. Bourgeois whose tiny son is in hospital with pneumonia and whooping cough.

Report from Goose Bay has it that snow has fallen on higher ground. Personnel at Goose Bay have been taking advantage of the fishing facilities. Anyone wishing souvenir sardines, mounted of course, may obtain them by writing direct. Fishing from the river banks is changing to fishing through a hole in the ice. Sgt Mike McDonald is NCO IC Dental fishing shack, an ingenious device which he prepared from a large packing crate and is now modifying for winter use. LAW Yuhas has now married, moved to Happy Valley, and taken over operation of the station Beauty Parlour. LAW Kilgour has left the Service also and is now registered at McGill University for the Diploma course in Physio and Occupational Therapy. Good luck and best wishes to Eunice and Sylvia. Many of the new arrivals at Goose Bay are bringing cars. Capt Turcotte has purchased a Vauxhall and Capt Vincent had his TR3 shipped in recently. In the words of Malcolm Smith - "Trees are getting fewer and cars more common - there must be a relationship".

A successful golf season has recently been completed by this Command HQ under the chairmanship of Lt Col PC Martin, RCAPC, aided and abetted by Capt Harrison who acted as secretary, treasurer, tournament committee, match committee, prize committee, etc. Class A Team captained by Capt Harrison took first prize in elimination competition with other units in the Montreal area.

Good luck to contact trainees AWsl Lamoureux, Giacobbo, McNeil, Toope, Dubuc and Pte Thompson who all proceeded on the DA Group 1 Course at The RCDC School this September.

12 Aug saw the retirement to civilian status of one of our best-liked figures - Sgt Cleo Desjardins. Everyone was sorry to see him go and it is indeed with all our hearts that we wish him luck and prosperity.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

35 FIELD DENTAL UNIT

Annual leaves taken by almost all personnel left this unit "a little thin on the ground" during the past couple of months. However, reports from our travelers to Italy, Spain, French Riviera and Switzerland extolling the beauties of these areas made the increased efforts required from those remaining on duty more than worthwhile. It is probable that more square feet of skin per mile were burned, tanned and photographed than ever before (Bikinis make interesting mementos).

We welcome the recent arrival of A/Sgt Helmut Marckwort from 13 Coy during July, and congratulate him on his promotion-posting. A/Sgt Marckwort is settled in No 2 (F) Wing, Grostenquin, and is busy seeking accommodation for his family, at present visiting in Germany. At the same time, we regret that Sgt Tony Bourgeois' posting to this unit was cancelled at the last moment.

We are happy to have LAW Dot Fisher, who arrived in mid-September as replacement for Cpl Dundas, in our midst. Cpl Dundas has done an excellent job for the unit, and we wish her a pleasant journey as she flies home in early October, for a well-deserved leave prior to reporting for duty at RCAF Station, Namao.

We were especially proud to learn that Capts Ian MacDonald and Lou Kelland were successful in their recent Captain to Major pre-course examination, and offer our congratulations to both. No doubt the news of success helped Ian to a speedier recovery from an attack of infectious hepatitis and hastened his return to duty. If not, certainly the news that he and Lou were to proceed to Canada in October for the six-week qualifying course at The School must have hastened his convalescence. Lou has had his share of TD, as he has just completed a three-week tour at Langar, England, to be followed by his trip to Canada.

LAW Rathe, Dental Assistant at 1 (F) Wing, Marville, was successful in her recent Gp 2 trade test, and we offer her our congratulations.

Our Ticonium laboratory is functioning smoothly after mechanical difficulties delayed the start of operations.

Lt Col Covey was given a signal honor recently by his appointment as PMC of the 1 Air Division HQ Officers' Mess. The tour of duty will extend from 1 Jul to 31 Dec 60 and is guaranteed to keep him busier than usual, with many social events and VIP visits to be planned. He has frequently been observed taking a briefcase home, containing either "dental" or "mess" homework.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

The number of hours a dentist puts in is important, but it may not be as important as what the dentist puts into the hours.

-- Author Unknown

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

It is well for a man to respect his own vocation whatever it is, and to think himself bound to uphold it, and to claim for it the respect it deserves.

-- Charles Dickens

★ ★ ★ ★ ★ ★ ★ ★ ★ ★



Royal Canadian Dental Corps

QUARTERLY



TABLE OF CONTENTS

	<u>PAGE</u>
Editorial	1
The Corps - Baird	2
15 Dental Company - Harrison	5
HMCS Bonaventure Experiences - Ramsay	9
High Speed and the Dentist's Responsibilities - Fraser	13
The Toothbrush - Pierce	15
A Post-Graduate Course at the University of Michigan - Wright	16
A Study to Determine the Effect of Topical Application of Stannous Fluoride on Dental Caries in Young Adults - Preliminary Report - Protheroe	18
Directorate of Dental Services News	23
No 1 Dental Equipment Depot News	24
The RCDC School News	26
11 Dental Company News	27
12 Dental Company News	29
13 Dental Company News	30
14 Dental Company News	32
4 Field Dental Company News	34
35 Field Dental Company News	35

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE RCDC QUARTERLY

Published by authority of Brigadier KM Baird, Director
General of Dental Services.

Editorial Board: Col GB Shillington
Lt Col JG Butler
Maj DH Protheroe

E D I T O R I A L

Recently, certain Canadian dental governing bodies have demonstrated an awareness of a need for change in the attitude respecting the wider use of auxiliary personnel.

For example, a Canadian Dental Association Policy Statement on "Projection of Dental Services in Canada" is quoted in part: "Properly qualified recognized auxiliaries could be trained to render a broader scope of service than that presently recommended" and "These services must not include those operations requiring the scientific knowledge of the fully qualified dentist"

Dr. Wesley J. Dunn, Registrar-Secretary of the Royal College of Dental Surgeons of Ontario, in an article called "Winds of Change", appearing in the December 1960 issue of Oral Health, writes: "Because it is fundamentally unsound for persons of superior training routinely to be engaged in rendering services which can, just as effectively, be provided by people of lesser training, the Board would support the creation of a legal and academic environment which would permit, under the responsible control and supervision of dentists, an expansion of the role of dental auxiliary personnel to include those technical facets of dental services which, by experiment and experience, can be shown to permit of delegation."

The obvious reason for the employment of more auxiliary personnel is to make treatment available to more people. With the continuing shortage of dental officers, any such move is of considerable interest to the RCDC, whose responsibility it is to provide treatment for the entire personnel of the Armed Forces. Every member is entitled to treatment and the practise-limiting factor of cost to the individual does not exist, as it does in civilian practice.

In the Service, provision of treatment is being approached from two directions, namely, through reduction of the amount of treatment required and through provision of more treatment.

Current studies being conducted with topical application of stannous fluoride at The Royal Military College, a report of which appears elsewhere in this issue, appear to give some promise of the possibility of a reduction in the incidence of dental caries in young adults. Whether this method will be sufficiently effective to be adopted into daily use or not, the RCDC must constantly seek means that will result in the reduction of the amount of treatment required.

The Corps has, for some time, been alert to the possibility of providing more dental treatment through extension of services by auxiliary personnel. There is virtually no experience in this field as applied to dental practise, and there is no one to advise, since it is a totally different concept. For this reason it is apparent that before important and far-reaching decisions can be made, studies must be conducted that will include selection of the technical operations that can be safely delegated, the amount of training required and the various problems associated with the integration of such personnel into clinical practise.

The need for auxiliaries in the profession of dentistry has already been recognized through the employment of dental assistants, laboratory technicians and hygienists. The prime motives in making use of such personnel are to treat more patients and, at the same time, to keep the cost of such treatment at reasonable levels so that more people can afford it. The latter, perhaps, is not of prime concern to individual dental officers in the Armed Forces, nevertheless, cost of service is a factor which is kept under observation at all times.

So, in order to be effectively employed in a dental practice, it is necessary that assistants of all types be trained quickly and that the cost of training be kept at a much lower level than that required for their employers and supervisors. It is not necessary that they have a complete background of scientific knowledge; it is not necessary that they understand why a certain procedure is carried out in a certain way, so long as they can perform the technical operations correctly and efficiently under supervision.

With such a group of trained assistants, it is possible to envisage, in the future, a type of practice in which the dentist will direct, control and supervise those assistants in performing various technical operations for patients, while he limits his activities to those he alone has been trained to perform, namely, examination, diagnosis and treatment planning, administration and prescription of drugs, problems involving occlusion in both artificial and natural dentitions, tooth movement, and all surgical and cutting procedures of hard and soft tissues. In larger clinics junior officers would also play an important part in the program. Training of senior clinic officers in the efficient and practical integration and employment of all clinical personnel will probably be necessary as well.

The transformation from a solo type of practice to the complex one described above will not be simple. Success will depend on the trustworthiness and integrity of the assistants and on the willingness of dental officers to assume the additional responsibility for their control, direction and supervision.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE CORPS - 1960

Brigadier K.M. Baird, OBE CD DDS QHDS FICD

The year 1960 has seen a considerable number of changes and improvements in the Corps, some of which may have occurred so quietly as to have passed unnoticed by the more distantly located members. It was thought, therefore, that this might be an appropriate time and a suitable means of reviewing these changes and occurrences in order that all would be familiar with what has transpired during the past 12 months.

It is assumed that we are by now well acquainted with the revised rates of pay for the Canadian Forces and the amended dental officer's allowance, the announcement of which was, no doubt, a major item of interest for the year. Inauguration of The RCDC Quarterly last April is also by this time an event which we have come to accept as well established. It might be interesting, however, to mention such recent proceedings as the adoption of the new badges for officers' service dress and publication of "March Past of The Royal Canadian Dental Corps", the official Corps March.

Our training programme has undergone many revisions, some of which may not be common knowledge to all members. Dental storemen are being trained at No 1 Dent Eqpt Dep rather than with the RCOC as heretofore. Second practical phase training for ROTP officer cadets now includes a tour with the RCN on the East Coast and the RCAF in Centralia as well as the School in Camp Borden. Dental officers serving in Europe were brought back to Canada this year for the first time to attend the Captain to Major Qualifying Course at Camp Borden. Our Officers' Casualty Care Course was formally authorized as such last spring and training for other ranks in some of the Basic Nursing Procedures was introduced into our tradesmen courses. Vacancies at The Royal College of Surgeons in London, England were obtained for training in Oral Surgery and two dental officers have only recently returned from this course. The US Army and US Navy Dental Corps

have accepted vacancies on our clinical courses at The RCDC School for the first time and similarly a representative of the Department of National Health & Welfare will attend the Casualty Care Course. Over 92% of all ranks have now qualified in First Aid training and this figure is improving steadily. Civilian professional associations across the country were well attended by the Corps and 13 dental officers presented clinics or papers at these meetings.

Organization of the Corps has been strengthened in several important aspects. A Board of Consultants from the civilian profession was authorized, formed and held its first meeting during the year. Our establishments were amended by the addition of: a QM to the School; a dental officer, dental assistant and laboratory technician to 4 Field Dental Company, and not least of all by two Classified Officer positions to the laboratory staff. In addition, the trade of clinical technician was augmented by a further four positions.

A total of 111 clinics were maintained during the year, of which 84 were full-time and 27 were part-time. Four dental officers and staff are now serving at sea in RCN ships, new clinics having been opened on board HMCS Cape Breton and HMCS Cape Scott, the destroyer escort repair ships. These clinics, at establishments in Canada, Europe and the Middle East provided 409,891 appointments for service members. A record was also established for northernmost treatment when dental officers were despatched to the Wireless Station at Alert only 400 miles from the North Pole on two different occasions. The dental health programme is developing well and the response is gradually becoming more impressive as our efforts continue. The stannous fluoride study at The Royal Military College is now in its third year and initial reports are most encouraging.

Clinic accommodation has been improved to good advantage in a great many locations but the major advances in quartering were made when No 1 Dental Equipment Depot occupied new construction at Petawawa and No 15 Company Stores moved into a completely renovated and equipped building at St Jean, Quebec.

The 1960 programme for technical dental supplies and equipment completed the plan for certain items and provided sufficient airtighters for distribution on the basis of one for each dental officer and sufficient dental units for distribution on the basis of one for each officer and clinical technician. In addition, a proportion of the obsolescent X-ray machines are being replaced by newer models now on order. The Stores Committee was kept fully occupied having held four meetings at which 120 items were discussed. Tests were conducted and completed on 45 items of stores and investigation at The RCDC School or selected clinics is continuing on 21 further items.

In the true spirit of our Corps we were pleased to be able to make presentations to two of the officers' messes with which we are closely connected. Two dining room chairs each carved with the Corps crest were presented to the RCAMC-RCDC Mess at Camp Borden and a writing desk was presented to the Army Headquarters Mess in Ottawa. It is expected that the great majority of our officers will have an opportunity at one time or another to inspect, admire and probably use these manifestations of our goodwill and support.

Generally, the Corps record of service and achievement for the past year has been more than gratifying. We should all derive real satisfaction in knowing that each has made his individual contribution towards setting the standard by which we are known. The position of the RCDC in the Canadian Forces and in the profession continues to be an enviable one. It is a major responsibility for each one of us to ensure that it so remains.

Recent Presentations by the RCDC



The accompanying photograph was taken at the official acceptance of the writing desk presented by officers of the Corps to The Army Headquarters Officers' Mess. A letter of appreciation and thanks on behalf of the Chief of the General Staff and members of the Officers' Mess has been received from Major-General JDB Smith, CBE, DSO, CD, Adjutant-General of the Canadian Army.

Lt Col JG Butler, Major-General JDB Smith, Col NG Wilson-Smith, Brig KM Baird

Pictured below are two chairs presented by officers of the Corps to The CFMSTC Officers' Mess, Camp Borden. It is unfortunate that the crowns of the crests are not correct, but this error is being rectified.

A letter of thanks on behalf of the mess has been received from Major WL O'Brecht, Mess President.



15 DENTAL COY, RCDC

Capt JWR Harrison, CD

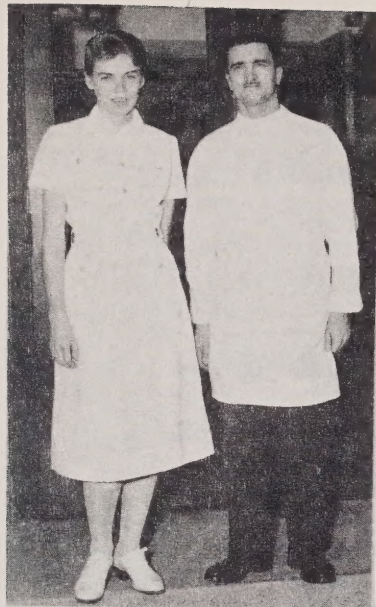
Until 1950 the few Navy, Army and Air Force establishments in the vast area comprising the province of Quebec and that part of Newfoundland known as Labrador were provided dental treatment by 12 Dental Coy, with headquarters in Halifax. However, after the inception of the North Atlantic Treaty Organization and the consequent mutual defence policy formulated between the USA and Canada things began to pop. The construction of such units as Dew Line, Pine Tree and others and the reactivation of the Manning Depot at St John's stretched 12 Coy's resources to the utmost.

It was decided, therefore, to form a new Command company, to be known as 15 Dental Coy, to look after the dental needs of this area while 12 Coy continued to be responsible for the Maritime provinces. 15 Coy was formed from elements of 12 Coy already in position and was placed under command of Lt Col PR LaSalle, CD. Lt Col LaSalle, following his retirement from active duty in 1956, has continued to serve the unit in a civilian capacity. He was followed as Commanding Officer by Lt Col CW McCrary, CD, who on his retirement in 1958, has also continued to serve the RCDC in a civilian capacity in 13 Coy. Colonel TL Marsh, CD, has commanded 15 Coy from 1958 until the present.

Although one of the smaller of the RCDC Regular units in Canada, this unit is probably as diversified in its field as any of the others. Geographically it ranges from the lush farmlands and beautiful forest-covered hills of the St Lawrence valley to bare, drab scrub and tundra in the north. Climatically its temperature ranges from the low nineties in summer to the minus thirties in winter. Ethnically it embraces the largest concentration of French and English speaking peoples in Canada, with a very liberal leavening of other nationalities.

Although some feel that this unit may be a fairly soft touch because its HQ is situated in the large city of Montreal, it has unique problems of administration not experienced in other companies. For example at RCAF Stn, St Johns there is the Manning Depot and intake centre. Three Air Force commands, Fighter, Transport and Training, plus Materiel Command personnel in industry and one Fighter Command HQ are this unit's responsibility as are two separate Naval Commands. Two of the six dental faculties of Canada lie within this Command as do two completely separate dental associations, two separate universities and one of the three military colleges of Canada. The foreign troops employed in NORAD and at Goose Bay should also receive mention. There are others, of course, but these few will help to point out the extent of liaison, public relations and service commitments which must be maintained in two languages.

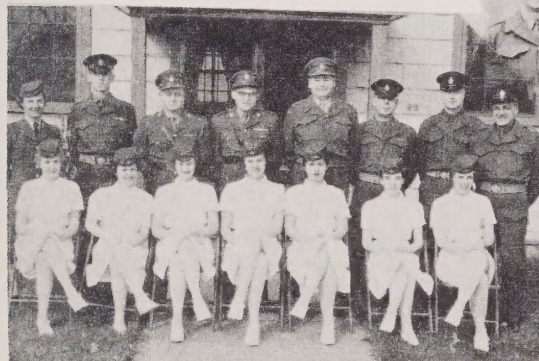
This unit has built itself, in its short period of existence, into a closely knit family which enjoys the good wishes and respect of service, educational and civilian factions, both professional and otherwise, of this large portion of Canada.



NO 10 CLINIC



NO 12 CLINIC



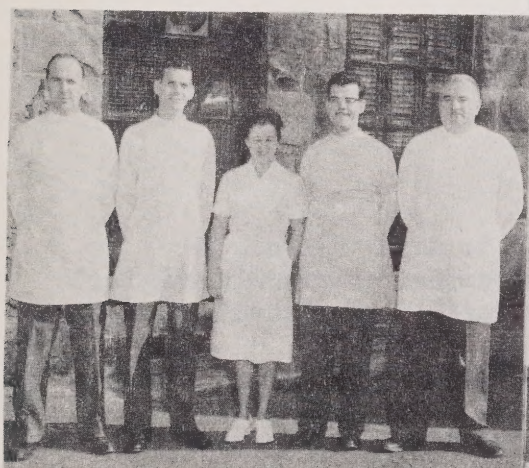
NO 9 CLINIC



NO 17 CLINIC



NO 2 CLINIC



NO 7 CLINIC



NO 6 CLINIC



NO 19 CLINIC



HQ STAFF

Listed below are the 15 Coy personnel pictured on the previous page.

No. 10 Clinic: LAW MacDonald, Capt Senechal

No. 8 Clinic: Back Row: Sgt Southin, Pte Ferland, Sgt Jerome,
Sgt Bourgeois

Front Row: WO 2 Fortin, Cpl Pouliot, Miss Falardeau,
Miss Hagie, Major Bourque, Capt Hebert

No. 12 Clinic: AWL Giacobbo, Capt Headley

No. 9 Clinic: Back Row: F/S Savage, Sgt Crockett, Major Dyer, Lt Col
Smith, Capt Lesage, Pte Fret, S sgt Couture

Front Row: AWL Lamoureaux, AW2 Babish, AW1 Toope, AW2
Yackemchuck, AW1 MacNeill, LAW Cusson, AW2
Keddy

No. 17 Clinic: Sgt Hussey, WO 2 Lobb, S sgt Arsenault, Miss Chretien,
Capt Roy, Major Ramsay

No. 2 Clinic: Cpl Sprathoff, Miss Fortin, Major McKenna, Dr Wheatley,
Sgt Johnston, Sgt Arsenault

No. 7 Clinic: Capt Begin, Cpl Lansey, Miss Lapointe, Cpl Dignard, Major
Durand

No. 6 Clinic: Back Row: Capt Turcotte, Major Smith, Capt Vincent

Front Row: Sgt D'Avignon, AW1 Hayes, Sgt Pierce, LAW
Cusson, Sgt McDonald

No. 19 Clinic: Cpl Chayer, Capt Bosse

HQ Staff: Cpl Hussey, Capt Harrison, Miss Bushman, WO 2 Moore,
Sgt Carrier

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Clinical Research

We usually think of clinical research being carried out by highly qualified individuals or research teams. However, Sir Wilfred Fish in a recent article[★] entitled "Research in Clinical Science" makes the following observation:

"It would, however, be wrong to create the impression that clinical research is valueless unless carried out in an elaborate unit by a team of specially trained experts, or that clinicians cannot do useful part-time work in laboratories. Every practitioner finds out small things that become a part of his professional life; that is to say he learns by experience. Moreover, not seldom in the history of clinical science have major discoveries been made by men in practice. Jenner's vaccination, John Hunter's technique for ligation of popliteal aneurysm, Lister's discovery of the principle of wound antisepsis, and Horace Wells' discovery of the principle of anaesthesia, are cases in point."

★ Fish, Wilfred, Research in clinical science. Internat. Dent. J. 10: 433-51, Dec., 1960.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

15 Coy's New QM Stores

On 20 Oct 60 Brigadier KM Baird, in the presence of G/C Cameron, CO, RCAF Stn, St Johns, Col TL Marsh, Lt Col Speilberger of the US Forces Dental Clinic, Goose Bay and Lt Col AR Smith, officially opened 15 Coy's new and spacious stores accommodation. The increased facilities and more pleasant surroundings greatly enhance the QM section's ability to provide an efficient service.



- Upper Left: Entrance with RCDC crest inset in vinyl tile.
- Upper Centre: Cutting the ribbon - Capt Jacob, Brigadier Baird, Colonel Marsh.
- Upper Right: Equipment Repair Section.
- Lower Left: Shipping and bulk storage area.
- Lower Centre: QM Staff - Pte Rochon, S sgt Hutchinson, Capt Jacob, Col Marsh, S sgt White, Cpl Jermain.
- Lower Right: Stock Room.

HMCS BONAVENTURE EXPERIENCES

Major AR Ramsay, CD DDS

"You shouldn't have joined the ship, Major", called out Commander Leir, as I ruefully surveyed my uniform spattered with a plate of porridge and a full pitcher of thick cream. Since the occasion was my first breakfast at sea, how was I to be expected to cope with the process of eating in a lurching ship? It was also my first assignment to the RCN - a new life, new environment and a new language.

A year has passed and I consider that the Commander may have erred. It has been a year never to be forgotten, never to be regretted. The organization and functioning of a ship of this kind has never ceased to amaze me. A raw recruit to military life was never more fascinated nor more interested.

I confess that for the first time in my military career I was able to practise dentistry in an ideal form - something I did not expect in a mobile unit. This has been possible because of the facilities and cooperation provided by the ship's company. An example will suffice. One dental unit broke down at sea - a part had worn out and there was no replacement available. The shipwrights were called and within a few hours the part was actually manufactured in the machine shop and is still functioning.

The language, tradition and customs of the Navy struck a romantic note to one who had never been to sea and the knowledge broadened the general outlook on life. In my case it was particularly gratifying, for the stories of the sea in literature had mostly been a closed book, but now they are very realistic. Any comment I make will be without prejudice because I was well into adulthood before I ever saw a good-sized body of water, so my knowledge of seamanship was at a minimum.

Ship personnel are provided with an opportunity to have comprehensive dental treatment completed and, although some do not respond, with over 1,200 aboard there are always plenty to request treatment. The old problem of missed appointments was ever present, but when the practice became too common the news of a \$5.00 fine for delinquents soon spread very rapidly and there was no more trouble until crew members were replaced.

There was only one dental case that could not be handled in the ship. A seaman had his edentulous mandible fractured by a blow and the line of fracture was through a deeply imbedded third molar. The patient was left in England in the care of the oral surgery department of a military hospital.

Performing dental operations during a storm presents a challenging problem. So much of it is a matter of the desire on the part of the dentist to keep busy. During my tour probably ten days' operating time was lost due to bad weather. It was my opinion that most of the time some work could be done but it is admitted that the decision to keep operating under adverse conditions was more selfish than righteous. I read a surgeon's autobiography some years ago, in which he gave an account of his experiences as a sea traveller. He suffered from seasickness and endeavoured to seek a cure on his own initiative, research and experience. His final conclusion was that he no longer had any symptoms when called to attend the sick. This principle was true in my case. Any tendency towards queasiness during a storm was absent as long as I was busy at the chair. Much research has been carried out on the problem of seasickness and comments in the literature indicate many opinions but inconclusive data as to the actual cause and remedy. One thing is sure - it is not a simple problem.

My experience is completely personal and may bear no relation to the manner in which sea motion affects others. On my first trip the ship was tossed about for several days in a storm that permitted no flying exercises. There was a distinctly uncomfortable feeling and nausea but the desire to eat regular meals remained, even if some of them never reached the digestive stage. This general feeling seemed to reach a peak of discomfort and then, after a good night's sleep, almost disappeared. The only problem then was a muscular adjustment to a weaving environment. My observation was that this happened in a greater or lesser degree to almost all personnel - some had no trouble whatsoever and some never got used to it and were miserable all the time. On this particular trip, it was only when the rough weather was over and I had survived what I considered to be routine ship motion that I was informed it had been exceptionally rough and certainly not the regular pattern. However, the big storm on the return from Europe was a super one during which the ship was badly battered. Lifeboats and steel superstructure were actually ripped from the ship's framework. There was an anxious moment when a plane lift collapsed and sea water washed into the hangar. It was not pleasant to learn that six inches of water in the hangar would be enough to topple the ship.

No matter how much one loves sea life, after a certain time there is an increasing desire to get ashore, even for a few hours or days, and this can be a great morale factor. The sailor lives an unsettled life. He is only ashore a short time before he wants to go to sea again and vice versa.

The northern waters of the Atlantic were usually rough during the winter months and interfered with the exercises. When they could not be performed because of the heaving landing deck, the ship would have to go south to complete the training program. Fresh pilots had to be trained to land and take off and this new experience was difficult for them even in calm weather.

The law of averages indicates that dangerous exercises of this kind cannot be carried out without casualties. The first accident I witnessed was off the Virginia coast at night. I was on the quarter deck for some air and several planes had landed on the heaving deck. The last one, however, was caught by a gust of wind just as it was going to land and, in swerving to miss the tower control island, the aircraft flipped over and hit the 40-foot waves upside down, giving the crew of four no chance to escape. Within a few minutes the tail disappeared with search lights on the spot.

Again during an exercise north of Ireland a jet aircraft was catapulted off at night and dived right into the ocean. In this case the pilot ejected himself soon enough and was picked up by a destroyer escort.

Just before reaching Halifax another crew took off on an exercise but the craft collapsed into the sea and as there had not been time to ditch the depth charges, the craft blew up and one wing was seen to drift past the dental clinic porthole. This was to have been the last flight for the LCDR pilot before an inland posting.

Various exercises were held in co-operation with the other Services, and involving other units of the NATO system. This involved communications to an extent that those not actually participating knew very little of what was actually happening.

As memories fade, moments of exhilaration stand out while the monotonous hours are forgotten. During the tour not many total days were spent in ports, but they were big events. It was a chance to see the sights and also to meet prominent people who were entertained in the wardroom and on the quarter deck.

Travelling is supposed to contribute to the broadening of the mental outlook and no doubt, subconsciously, it does to a point. Some individuals are mentally alert to appreciate to the fullest extent their surroundings at home or abroad, while on others there is little impact. The ship's company ran the gamut so that while some returned with rich experiences, others were unimpressed. While I was aboard, the ship docked at Bermuda several times, Norfolk, Virginia twice, San Juan in Puerto Rico, New York, Belfast and Portsmouth, each place leaving enough time for some exploratory visits to the countryside, and especially was the London, England jaunt enjoyed.

The Captain always had his problems and bad moments when members of the crew "let him down". After a time at sea it was only natural to enjoy a turn of free abandonment ashore, but sometimes individual indiscretions backfired on the whole ship's company. One such occasion was in Bermuda. We had docked about 7 p.m. to paint the ship at an old British dockyard 15 miles from Hamilton, the main city. Only a few left the ship that night for a stroll. However, two sailors strolled too far and, having exhausted their cash, started to walk back. Tiring of this, they decided to use a bus that was parked in a lot. The manoeuvre was all right for a few miles but as speed and courage increased, a turn in the road was missed, a power pole was toppled and a third of the island plunged into darkness. As this was late at night, it was well into the next day before power was restored - and the Bonaventure was as welcome as could be expected for the next ten days.

Crew relationships on a carrier are most complex and require a co-operative integration to be effective. The functioning of a ship in itself is complex enough, but when the air branch is added, superlative planning is required. Among the other ranks (lower deck), of course, there was the inevitable rivalry between the sea sailors and the air crew sailors. Among the officers it was a matter of living in two different worlds. The "fly boys" were often not "busy" due to weather conditions, but there were still plenty of training lectures to attend and, of course, they were always alerted for action. To watch them take off and land, again and again, on such a small deck, was a feat to be admired. This fact was emphasized on the tour when we visited other ports and noted much larger carriers. Periodically a group of RCAF flying officers would be aboard for a few days' familiarization and they were not the least attracted to the business of deck landing.

While on board a new regulation was issued to the effect that all personnel would be sailors first. It had always been a complaint that technical officers were not allowed to become captains of ships - now they have that opportunity provided they can qualify.

The relationship with the other officers was a most gratifying experience for they were most willing to be of any assistance in explaining the fascinating intricacies of sea life to the novice. I found I was often a sounding board and confidant in the recitation of problems and I often felt another naval officer would not be quite as sympathetic or understanding in matters that were better "off the chest".

In administration, the Captain and executive officers were always co-operative as long as requests were reasonable. Sometimes what would be considered a simple request from the dental section would be physically impossible from the standpoint of the ship's structure or beyond the authority of even the Captain. However, improvements can always be made with some prodding and, if each dental officer did something to improve the clinic, each subsequent officer would benefit.

Social life aboard can be most pleasant and quite a good example of the gracious way of life, provided there is adequate personal control. Unfortunately, it could interfere with the work-a-day duties, but need not. The highlight of the tour was friendships made with so many officers in the wardroom, for one could always find a personality with similar tastes and interests.

There is no doubt but that the dental officer has a preferred position in the ship - at least in his own eyes. His duties are definite and, as long as he does his job adequately and handles personnel effectively, there need be no trouble and life can be very pleasant.

Never have I experienced anything quite as eerie as a "dead ship". It only happened once in my tour and was at the jetty when only a few were aboard. It would have been correspondingly worse had we been at sea. In an instant all motors stopped, lights went out and the battery-operated lamps snapped on at a few key points along the passageways. With no power, no "pipes" were possible. As a result there was the muffled sound of shouted orders close by and farther away, and the noise of scamperings, as if huge rats had taken over the ship.

The ship is a most fertile place for the spreading of rumours. Not a day passes but there are rumours of change in sailing plans, schedules or administrative procedures. Some are wishful thinking, some confirm worst fears, but, whether good or bad, they are always floating around.

"Piping" is an ever present, necessary assault on the ears, the life-blood of shipboard communications. There is an unconscious mental alert at all times, for the missing of a piped message could spell disaster. These messages often change previous orders and it can create embarrassing situations if they are not noted.

Due to the metal in the ship's structure it was not possible to operate a private radio. However, the ship's message centre kept note of all news bulletins and, while at sea, they were published daily in the ship's newspaper. This publication was usually put out by the army liaison personnel on board.

Long periods at sea become very tiring physically; not that there is no time for sleep, for that is done with a vengeance, but more seems to be required compared to life on shore. No doubt the ship's motion has something to do with this tendency, but there is also the constant monotonous noise of motors vibrating and the swish of the sea.

One of the outstanding features aboard ship was the provision of activities for off-duty hours. The movies were the latest and uncensored. There was an excellent library and games room and a schoolmaster to assist those wishing to continue studies. The two padres were kept busy holding services in the well-equipped chapel and interviewing seamen whose personal problems required attention.

There was an artillery officer and staff aboard and also flying personnel from RCAF and USAF units. There were often civilians aboard to check on the operation of equipment. There was even a sociologist who made a study of the effect of sea life on the personalities of the crew. Quite often there were VIP visitors. Members of the federal cabinet were present on the occasion of the Queen's visit and once I was among the officers who entertained at dinner by a high government official on his way from Bermuda to Halifax.

One naval tradition decreed tea at 4 p.m., a very fine custom. Evening meals were from 6 to 8, for which the officers dressed. Blues were worn by army personnel in normal weather, but in the tropics the dental officers followed navy custom to the extent of wearing the blue trousers with open white shirt and cummerbund. The air-conditioned clinic was chilly enough for shorts to be uncomfortable.

For the man living aboard and in port for any length of time, the conditions are usually not very attractive. Repairs are often being carried out, accompanied by a constant din. Also, there are usually some alterations being made in the heating and lighting systems which interfere with working and living conditions. As most of the ship's company live ashore in the home port, not too much consideration is given those living aboard.

To me the term aboard the Bonaventure was an attractive experience, but like every other assignment was pretty well what one made it. Personally, I would never feel called to the sailor's life and when I left, I knew I had had my time, but nevertheless a most pleasant and unforgettable experience.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

HIGH SPEED AND THE DENTIST'S RESPONSIBILITIES

Major ED Fraser, DDS

In the last few years, with the introduction of the air-turbine handpieces, cutting instruments have been made available for the first time that are actually doing the work for which they were designed. Owing to the resultant marked reduction in preparation-time and tooth-trauma, operative dentistry faces a promising future.

The following is a summary of the dentist's responsibilities in the use of this latest advance in cavity preparation.

High speed provides an opportunity for better rather than more operative dentistry. The outline form can be prepared in approximately one-quarter the time required when using conventional rotary-cutting instruments. The first responsibility is to utilize the time saved to apply the rubber dam, to use hand instrumentation, to do a proper toilet of the cavity, and to insert a moisture-free restoration.

The second responsibility is to the tooth being prepared. An excessive amount of sound tooth structure must not be removed and overheating of the teeth must be avoided in order to prevent pulpal damage.

To prevent these occurrences:

- a. Make an accurate assessment of the limits of the finished cavity preparation. Without planning, sound tooth-structure will often be sacrificed. At this time the head-position is so arranged that direct vision may be used with adequate lighting, wherever possible.
- b. Use carbide burs at speeds in excess of 100,000 rpm. At this high peripheral speed a small six-bladed bur used with light pressure is most efficient.

- c. Direct the water-jet on the cutting-end of the bur, and not on the shank of the bur or surface of tooth not in contact with the bur. The water-jet properly applied serves a dual purpose. First, it prevents desiccation and overheating of the tooth with resultant pulpal damage and second, it washes away tooth debris, resulting in a more efficient cutting action. Research has shown that temperatures up to 600° F are produced on the surface of a tooth if the air-turbine is used without water spray. A rise of 10° F above body-temperature within the pulp chamber will produce permanent pulpal damage. By using an air-turbine with water-jet and proper technique, the pulp will drop 1-2° F below body-temperature during the operation and little or no hyperemia will be caused.
- d. The "planing-cut" or "shaving" action should be used, thus reducing the tooth structure gradually in layers until the desired depth is reached. The undermining technique used with low speed rotary instruments is contraindicated. The water-jet must always reach the bur-tooth contact point. The odour of "burning feathers" indicates a faulty technique and should be remedied immediately.
- e. Finish the margins of the preparation with hand instruments. Despite the lack of vibration and apparent smoothness obtained with high-speed rotary instruments considerable damage is done to the enamel rods.

The third responsibility is to the tooth proximal to the cavity preparation. In doing a class two preparation guard against the "phantom cut", ie, abrading or cutting the tooth adjacent to the proximal step. Cease the occlusal "planing cut" short of the marginal ridge and then prepare the proximal step by moving the cutting instrument bucco-lingually, parallel to the marginal ridge until the desired depth is established. Now use hand instruments to remove the unsupported enamel, so that the approximating tooth will not be damaged.

Fourthly, the dentist is responsible for his personal health and safety. There are several hazards that he must respect when using high speed, such as:

- a. Flying debris, especially during removal of old restorations. Eye glasses, whether required for vision or not, are an excellent precaution. However, if restorations are removed using the "planing-cut" technique with water spray, the danger of flying debris is greatly reduced.
- b. Aerosol effects containing bacteria and tooth substance. This field remains to be fully explored, however, there have been a few cases of tooth protein sensitivity and bronchial irritation reported by practitioners who, for years, operated with conventional rotary instruments which did not produce such effects. The vacudent attachment may be an aid in the prevention of these hazards and certainly the water spray is helpful.

CONCLUSION

The high speed rotary cutting instruments have provided a means of doing better dentistry. Properly used they should decrease trauma and the occurrence of hyperemic pulps. In addition patients are no longer apprehensive, since treatment is completed above their threshold of vibration perception. This modern technique presents a new era in dental treatment.

REFERENCES

1. McEwen, R.A. High speed preparations, D. Clin. N. America p. 31-32 Mar. 1957.
2. Peyton, F.A. Effectiveness of water coolants with rotary cutting instruments. Amer Dent Assoc Meeting, Oct. 1956.
3. Sarkin, S.K. Practical application of ultra high rotational speeds in restorative dentistry. J. New Jersey D. Soc. 28:24-26, 28 Nov. 1956.
4. Tanner, H.M. Greater efficiency through modern instruments and high speeds. Ann. Den. 15:34-37 June 1956.
5. Van De Waa, C.D. High speed rotary instruments in operative dentistry: review of the literature. J.A.D.A. 53:298-304 Sept. 1956.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE TOOTHBRUSH

Sgt DL Pierce (RCAF)

Recommending types of toothbrushes is now becoming more and more difficult with the various manufacturing companies giving full rein to their imaginations. There has always been toothbrushes that were too large or of weird design. Advertising is an art, and has made types of brushes known to be practically useless sound just perfect to the average individual buying a toothbrush. This, in my opinion, applies also to advertising emphasizing bristle texture, number of bristles or size.

When weighing the merits and demerits of toothbrushes, do not lose sight of the practical side of toothbrushing. Therefore, attempt to strike a happy medium when dealing with the average patient. He will meet you half-way and brush his teeth more often, but he requires a brush that will assist his efforts. The "perfect" type of toothbrush these days is considered to be one consisting of an exceptionally small head containing two fairly widely spaced rows of bristles of hard texture. This is a fine brush for the Perfect Patient who will conscientiously spend two minutes after every meal slowly brushing his teeth so as not to miss a single particle of food. Used in this manner, this brush or indeed almost any brush will do an excellent job. BUT, let us be practical - how many people do this?

Therefore, there is a need for a toothbrush with a brushing surface that will do the same job with the average amount of work. This is an important fact - meeting the patient half-way, rather than expecting him to use a perfect technique. More is achieved in this way, as can be seen by a study of patients passing through the oral hygienist's chair.

It is considered that the type of toothbrush that achieves this is the multi-tufted brush. The brushing surface is designed to give the maximum amount of efficiency with the average amount of effort. The bristles are level and, although the head is a little longer, it is still manageable in the mouth. The nylon filaments are finer, but because of the increased number and closeness of the tufts, the brushing surface is very firm.

There are, of course, different textures used by the different manufacturers of toothbrushes, and this has to be taken into consideration when recommending this type of brush. This brush will give good service, which is another important factor from the patient's point of view. The firm surface of the brush is particularly good for massaging the gingival tissue, producing some excellent results.

Although this brush is more effective in the hands of the average patient, it is still essential to give adequate oral hygiene instruction and to inform him approximately how long the brush will last - a factor often overlooked. From the amount of knowledge the patient absorbs and is willing to put into practise, plus the added efficiency of this toothbrush, far more will be achieved.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

A POST-GRADUATE COURSE AT THE UNIVERSITY OF MICHIGAN

Captain JJN Wright, DDS

Speeding along the six lane divided expressway with its minimum speed limits on the way to Ann Arbor, one gets the first indication of the tempo of life and vastness of a University that ranks among the five largest in the United States. The University of Michigan is located in Ann Arbor, a city situated forty miles west of Detroit in the rolling hills bounded by the Huron River. Often spoken of as the mother of State Universities it was founded in 1817 in Detroit and in 1837 moved to its present location. From an initial enrolment of seven students it has grown to its present stature of 24,000 full-time students. The population of the city of Ann Arbor including students is 66,000. Therefore it is truly a "college town". It would be difficult to overemphasize the attractiveness of the city as a residential community. Tree-lined streets, gentle hills, numerous parks and wooded areas add much to its beauty. The residential character of the city is also enhanced by the many large magnificent fraternity and sorority houses.

The University itself is divided into four campuses, namely: the Central, North, Medical Center and Athletic Campuses. The Central Campus in the center of the city consists of the original forty acres of the University. Here one finds the heart of the University and the majority of the main University buildings. The newly acquired North Campus is where all future development will take place due to building saturation of the Central Campus. The North Campus contains such buildings as The Phoenix Memorial Laboratory which houses the 1,000,000 watt Ford Nuclear Reactor and nearby the supersonic wind tunnels. Here also are found a large number of University apartments for married students. The Medical Center is situated on a hill overlooking the Huron River valley. The enormous buildings of one of the nation's foremost medical centers, spread out over four acres can be seen from almost any part of the city. Fourthly, there is the Athletic Campus with its awe-inspiring Michigan Stadium, which seats 103,000. It is the largest college-owned stadium in the USA. The total area now covered by these four campuses is 1,700 acres.

The University's 17 schools and colleges are housed in 130 major buildings. The architecture varies from the modernistic Phoenix Nuclear Laboratory to the beautiful Gothic style law buildings which cover two complete city blocks. One could go on almost indefinitely talking in superlatives about such things as the 8000 student residence accommodation, University airport and missile research center or the million and a half volume library.

Michigan Union, a residence run much as a hotel provides accommodation for men and married couples at reasonable rates. It is conveniently located

on the Central Campus and offers restaurant facilities (dining room, cafeteria and snack bar) as well as bowling alleys, billiard rooms, a swimming pool, Hi-Fi lounge, TV rooms, ballrooms, conference rooms and a library-reading room.

From a tourist's viewpoint there are many sites to see as well as cultural and recreational activities to attend. The Ford Nuclear Reactor is "a must" to see. It is a swimming pool reactor and it is indeed an eerie sight to look down at the reactor in the swimming pool and see the blue glow around it as the Beta rays slow down in the water to give off waves of light frequency. The reactor, used solely to study the peaceful application of atomic energy, has facilities for graduate training, research and for the preparation of radioisotopes of a short half-life used in medical radioisotope research. Near the reactor are the subsonic and supersonic wind tunnels of the aeronautical engineering school. Unfortunately I missed the pageantry of the last intercollegiate home football game by a matter of days. I did attend a basketball game between Pittsburgh and Michigan, in which the latter's potential All-American Tidwell scored a mere 38 points. On the Athletic Campus the University operates a magnificent 18 hole golf course. Cultural presentations during our stay included Handels Messiah and a symphony concert at the University Hill Auditorium.

In my particular case I went to the University to take a post-graduate course in Endodontics at the W.K. Kellogg Foundation Institute: Graduate and Post-Graduate Dentistry. Here again we find a first. The first post-graduate dental student in the USA or Canada was enrolled in the School of Dentistry of the University of Michigan in 1894. Therefore, it is not surprising that their calendar on Post-Graduate Dentistry states: "This Institute is unique in dental education and offers the most adequate facilities for graduate and post-graduate dental teaching to be found anywhere in the world".

The courses given at the Kellogg Institute, judging from the one I took, are well organized, well presented and fast moving.

The Kellogg Foundation Building was opened in 1940 and is a three-storey structure. On all three floors there is a direct communication with the adjoining School of Dentistry Building. The main floor, in addition to its spacious lobby panelled in American walnut, contains an amphitheatre, dental caries research lab and clinics for pedodontia and orthodontia. The second floor contains facilities for clinics and laboratories of partial and full denture prosthesis, facilities for clinical and laboratory teaching of operative dentistry, root surgery, endodontia, periodontia and ceramics. In another area one finds a series of operating rooms and private consultation offices of the department of oral surgery. On the ground floor are two laboratories devoted to oral pathology, a 280-seat auditorium, locker rooms and the research department of orthodontia. On the staff are many distinguished clinicians, authors of dental texts and research personnel, such as Drs. Sommer and Ostrander in Endodontia, Crowley in Bacteriology, Appelgate in Partial Dentures, Moyers in Orthodontia and many others.

As is evident from the foregoing, a post-graduate course at the University of Michigan is an enjoyable experience from start to finish.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

A Study to Determine the Effect of Topical Application of Stannous Fluoride on Dental Caries in Young Adults - Preliminary Report

Maj DH Protheroe, DFC CD DDS MPH

The prevention and control of dental caries in a military population, when the dental service is committed to provide comprehensive treatment, is a problem of enormous proportions. The RCDC, with a large backlog of treatment requirements and limited dental officer resources, is barely able to exceed the requirements imposed by the incidence of new carious lesions, let alone perform sufficient treatment to markedly reduce the backlog.

In view of this situation it is obvious that the introduction of a caries-preventive measure which would significantly lower the incidence of dental caries would be of inestimable value to the Corps.

To be practical, a caries-preventive measure should: (1)

- a. require minimum manpower for maximum results;
- b. be easily performed, preferably by auxiliary dental personnel;
- c. be effective in duration;
- d. not be dependent upon the patient for its continued effectiveness; and
- e. be relatively inexpensive.

It was felt that of the agents available a single annual topical application of a 10% solution of stannous fluoride would be most likely to meet these criteria. Consequently, it was decided that the RCDC would undertake a clinical investigation with the specific objective of determining the effectiveness of a freshly prepared 10% aqueous solution of stannous fluoride, applied topically to the teeth, as a means of reducing the incidence of dental caries in a military population of young adult males.

As a result of numerous investigations⁽²⁾ it has been generally accepted that the topical application of sodium fluoride to the teeth of children will produce a 40% reduction in the incidence of dental caries. Further investigations, particularly by Muhler and his associates^(3,4) at the University of Indiana have demonstrated that topical stannous fluoride is not only an effective anticariogenic agent in children, but is more effective than sodium fluoride. McLaren and Brown⁽⁵⁾ also found stannous fluoride to be more effective in children.

The reports^(6,7,8,9) on sodium fluoride applications in an adult population are conflicting but most authorities seem to agree that little, if any, benefit is obtained from its application. Stannous fluoride on the other hand, shows some promise. Muhler⁽¹⁰⁾ has reported a study conducted on 500 university students age 18-35 years, using a single application of a 10% solution of stannous fluoride, which resulted in a 24% decrease in DMFT (decayed, missing and filled teeth) and a 16% decrease in DMFS (decayed, missing and filled surfaces).

Once the decision had been made to conduct the RCDC study a detailed plan was developed and a submission forwarded from DGDS through the Adjutant-General to the Personnel Members Committee for authority. This was subsequently granted and

arrangements were made with the Commandant and Staff of Royal Military College, without whose excellent cooperation the study would not have been possible, to commence the study in September, 1958.

The next step was to organize a study staff consisting of the study director, 2 dental officer examiners, 5 dental technicians clinical, 1 dental equipment repairer and 5 dental assistants. RCDC personnel and civilian employees who have served on the staff to date are:

Study Director	-	Major DH Protheroe
Dental Officer Examiners	-	Major JVP Chatwin Capt NS Gage
Dental Technicians Clinical	-	WO2 TL Batten WO2 VO Blackmore S sgt JA Fraser S sgt JM Sherry WO2 JE Shiner S sgt JCA Therrien F/Sgt PM White
Dental Equipment Repairer	-	S sgt MF Conkey
Dental Assistants	-	Sgt RK Shappee Mrs HE Sharples Mrs A Debicki Mrs G Wilby Mrs H Talboys Mrs S Ball

It is worthwhile noting that all clinical procedures except the oral examinations were performed by the auxiliary dental personnel.

Because of the lack of clinic space at RMC it has been necessary to use field equipment for the study. Most of this is being supplied, and prefabricated where necessary, by No 1 Dental Equipment Depot.

The study group in September, 1958 consisted of 106, 17-21 year old, first and second year cadets, each of whom volunteered to participate in the study. Each subject acts as experimental and control, one side of the mouth being control, the other experimental.

The stannous fluoride was applied according to Muhler's technique⁽¹¹⁾ but with a rubber dam in place on the experimental side in an attempt to prevent cross-contamination and to eliminate dilution of the agent with saliva.

Examinations include a thorough hard tissue examination with a mirror and sharp No 3 spiral explorer performed under "panovision" light with compressed air available for drying. In addition, four bitewing radiographs are taken at each examination and the prophylaxis which forms part of the stannous fluoride technique, is carried out just prior to each examination. The examinations are performed by two examiners, each of whom, examines the same individuals throughout the study.

The investigation is being conducted in three phases of one year each, designed, it is felt, to produce results which will be as valid as possible. The objective of the first phase, which has been completed, was to determine caries-attack rates for a period of one year prior to the application of the stannous fluoride so that a comparison could be made not only between the experimental and

control sides, but also with the previous carious experience on the same side. Examinations as previously described were carried out at the beginning and end of the phase.

During the second phase, which has also been completed, the aim was to determine the effectiveness of the agent in a one-year period following its application. The examination and prophylaxis performed at the end of phase 1 also served as the examination for the beginning of phase 2. This was followed by the application of the stannous fluoride solution and phase 2 ended with another examination including radiographs.

The objective of phase 3 of the study is two-fold:

- a. to determine by refluoridization of one-half of the group the effect of a second annual application; and
- b. to determine the effectiveness of the agent during the second year following the initial application.

The end of phase 2 examination also serves as the beginning of phase 3. A prophylaxis was performed on all study subjects but only one-half of the group received a second application of the stannous fluoride solution. Phase 3, and the study, will end with another examination and radiographs in September 1961.

The index of caries experience being used in the study is the DFMS (decayed, missing and filled surfaces), however, an evaluation using the DMFT index will also be included as added information. It is felt that the latter is not an accurate measure for adults, most of whom have considerable previous caries experience, because it does not show new lesions in previously decayed or filled teeth. The caries increments in the experimental and control sides will be compared in terms of:

- a. Total DMFS.
- b. DMFS in proximal surfaces.
- c. DMFS in occlusal surfaces.
- d. DMFS in buccal and lingual surfaces.
- e. DMFS in previously unattacked teeth.
- f. DMFS in previously decayed or filled teeth.
- g. Total DMFT.

In addition, comparisons will be drawn between caries attack rates before and after application of the stannous fluoride.

At the time of writing the statistical analysis of the data obtained from phase 1 and phase 2 of the study is not considered complete, in that, it has not been objectively evaluated by a statistician unconnected with the study. The analysis, however, has been rechecked by Major DH Hillier, a graduate of the School of Public Health, University of Michigan, and it is felt that the progress to date can be reported at this time.

Table 1 shows the caries increments, the percentage difference in caries increment between control and experimental sides one year following application of the stannous fluoride, the probability that these differences occurred due to chance and the statistical significance of the difference.

TABLE 1

The Effect of a Single Topical Application of a 10% Aqueous Solution of Stannous Fluoride on the Incidence of Dental Caries in RMC Cadets - One Year Following Application.

	SIDE		DENTAL CARIES REDUCTION (PERCENT)	PROBABILITY (t test)	STATISTICAL SIGNIFICANCE
	CONTROL	EXPERIMENTAL			
Number of Subjects	83	83			
DMFT Increment	0.566	0.229	59.54%	<.002	Highly Significant
DMFS Increment	1.916	1.120	41.54	<.005	Highly Significant
DMFS Increment- Proximal	0.807	0.398	50.68	<.005	Highly Significant
DMFS Increment- Occlusal	0.602	0.373	38.04	.05	Significant
DMFS Increment - Bu & Li	0.506	0.349	31.03	.3	Not Significant
DMFS in previously unattacked teeth	0.590	0.229	61.19	.001	Highly Significant
DMFS in previously decayed or filled teeth	1.325	0.880	35.58	.04	Significant

It will be noted that the application of stannous fluoride caused a marked difference in the caries increments of 59.54% when evaluated by DMFT and 41.54% using the DMFS index. The 50.68% difference in the proximal surface increment seems to indicate that these surfaces were most affected. Further, it appears that the effect on previously unattacked teeth was greater than on previously decayed or filled teeth.

The dental caries reduction observed by Muhler⁽¹⁰⁾ in his study on adults are shown at Table 2. Although the reduction found in the RCDC study is considerably larger, it will be noted that proportionally the DMFT, DMFS, proximal and occlusal percentage reductions bear some similarity. This would seem to suggest that the use of the rubber dam in some way increased the effectiveness of the stannous fluoride.

TABLE 2 (10)

The Effect of a Single Topical Application of a 10 Percent Unbuffered Aqueous Solution of Stannous Fluoride on Caries Reduction in Adults After a 1-year Period

	Group		Dental Caries Reduction (%)
	Control	SnF2	
Number of Subjects	207	228	
DMFT Increment	0.95	0.72	24 (p = .04) *
DMFS Increment	2.98	2.50	16 (p = .08)
Proximals	2.03	1.50	26
Occlusals	0.64	0.57	11
Buccal-lingual	0.31	0.42	-35

* Probability based upon the t test.

Summary

A preliminary report on a study to determine the effectiveness of stannous fluoride in a military population of young adults has been presented. The most significant findings to date are:

- a. 41.54% reduction in DMFS increment.
- b. 50.68% reduction in proximal DMFS increment.
- c. 61.19% reduction of DMFS increment in previously un-attacked teeth compared to a 35.58% reduction in previously decayed or filled teeth.

It must be emphasized that the data presented are preliminary and subject to verification by an independent statistical authority.

Bibliography

1. Harris, N.O. and Hester, W.R. The effectiveness of a topical application of stannous fluoride in a preventive dentistry program. A review of the literature. Randolph Air Force Base, Texas, Air University. 18p processed.
2. Knutson, J.W. An evaluation of the effectiveness as a caries control measure of the topical application of solutions of fluorides. J. Dent. Res., 27 : 340-50, June, 1948.
3. Howell, C.L. et al. Effect of topically applied stannous fluoride on dental caries experience in children. Am. Dent. A.J., 50 : 14-17, Jan., 1955.

4. Gish, C.W. et al. Stannous fluoride vs. sodium fluoride - A progress report. J. Dent. Child., 25 : 177-79, Third Quarter, 1958.
5. McLaren, H.R. and Brown, H.K. A study on the use of a topically applied stannous fluoride solution in the prevention of dental caries. Canad. J. Pub. Health, 46 : 387-95, Oct., 1955.
6. Arnold, F.A. et al. The effect on caries incidence of a single topical application of a fluoride solution to the teeth of young adult males of a military population. J. Dent. Res., 23 : 155-62, 1944.
7. Klinkenberg, E. and Bibby, B.G. The effect of topical applications of fluorides on dental caries in young adults. J. Dent. Res., 29 : 4, 1950.
8. Kuter, B. and Ireland, R.L. The effect of sodium fluoride application on dental caries experience in adults. J. Dent. Res. 32 : 458, 1953.
9. Dental Research Facility, Dental Department U.S.N.T.C. Review of naval dental research at Great Lakes, 1953-1958. Great Lakes, Ill., 40p mimeographed. (p.19)
10. Muhler, J.C. The effect of a single topical application of stannous fluoride on the incidence of dental caries in adults. J. Dent. Res. 37 : 415-16, June, 1958.
11. Muhler, J.C. Topical application of stannous fluoride. Am. Dent. A.J. 54 : 352-3, Mar., 1957.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

DIRECTORATE NEWS

Promotions

The promotion of WO1 EL Proudfoot to Lieutenant was announced on 24 Nov 60. Lt Proudfoot was born 8 Oct 21 at Fenaghvale, Ont and was educated locally. He enlisted in the CDC in June 42 and saw service as a dental assistant in various parts of Canada until 1951 when he remustered to the trade of Clk Adm. He served as a clerk with DGDS and then as Superintending Clerk with 13 Coy, The RCDC School and DGDS. Lt Proudfoot resides in Ottawa with his wife and two children.

WO2 Vern Bergland was promoted to WO1 on 22 Dec 60. "Bergie", as he is usually known, was born on 8 Sep 18 in Dunkirk, Sask where he attended school. After three years in the Militia he enlisted for Active Service with the 14th Hussars. In 1943 he transferred to the CDC as a Dental Assistant and by 1946 was a S sgt clerk in 31 Coy. After the war he remustered to a Cpl Storeman with 11 Coy and following tours with 1 CDS, 12 Coy, and in Korea was posted to 1 Dent Eqpt Dep in 1955. "Bergie", who came to the Procurement Section at DGDS in Jul 60 lives in Ottawa with his wife and two children.

The promotion of S sgt JR Card to WO2 was also announced on 24 Nov 60. Joe was born in Camden East, Ont. Following his enlistment in RCIC in 1944 he served in Canada and the UK and in Dec 45 transferred to the CDC as a dental assistant. He remustered to Clerk Adm in 1952 and saw service as a clerk with 13 Coy, 25 Cdn Fd Dent Unit in Korea, DGDS, 1 Dent Eqpt Dep and returned to DGDS sub-staff in July 1960. WO2 Card resides in Ottawa with his wife and three children.

24 Nov 60 was also a "big" day for Sgt RD McHugh who received his promotion to S sgt on that date. Mac was born on 26 Jun 22 in Saint John, NB where he attended school. He enlisted in the CDC in 1942 as a clerk and saw service in Canada and overseas. On returning to Canada in Feb 47 he took his release but re-enlisted in Apr 48. Following tours in 12 Coy and Germany Staff McHugh was posted to Ottawa in 1956 where he is employed in Pers RCDC. He lives in Ottawa with his wife and two boys.

Christmas Party

The annual Christmas Party, attended by all ranks and civilian personnel of the Directorate and Ottawa area clinics, was held in the Chiefs and Petty Officers' Mess, HMCS Carleton, on 16 Dec 60. Following the two-hour social period which included a buffet, WO1 Vern Bergland expressed the appreciation of all personnel to Brig Baird and the officers, who had acted as hosts.

Miscellaneous

Lt Col and Mrs JG Butler, who were married on 22 Nov 60, were presented with an engraved silver rose bowl at a party held in their honour at the AHQ Officers' Mess on 7 Dec 60. Brig Baird eloquently welcomed Mrs Butler to the Corps on behalf of the assembled officers and their wives.

It is with deep regret that the death of Donald, younger son of Major and Mrs DH Protheroe, is announced. The sympathy of their many friends in the Corps is extended to them at this time.

Col HL Harris represented DGDS at the Conference of Defence Associations Dinner on 13 Jan 61.

Lt Col JG Butler represented DGDS at a meeting of the Editorial Board of Oral Health in Toronto on 25 Jan 61.

Cpl JG Moore of the DGDS sub-staff is attending a Sr NCO Course at Camp Borden.

Cpl EW Giles, who is a recent transfer from RCE, is welcomed to the Corps. He is being employed as a Clerk Adm on the DGDS sub-staff.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

NO 1 DENTAL EQUIPMENT DEPOT

A new year has now descended upon us, new resolutions have been made and the book has been opened to a brand new page. Many new ideas will be tried, and the future looks promising.

Looking back over the past year many important events have taken place, the foremost of which was the long planned for and long looked for move of No 1 Dental Equipment Depot from Plouffe Park, Ottawa to a brand new building in Camp Petawawa. As usual and concurrent with this move, families had to be uprooted and transplanted from point "A" to point "B". Nevertheless with the passing of time new friends have been made, new routines are being followed, and new habits formed.

This unit was among the fortunate few to have all personnel allotted PMQs in an extremely short space of time and this writing finds us well settled and happy. We have our usual gripes, of course, but they say that a soldier wouldn't be happy if he didn't have something to gripe about.

Since arrival in Camp Petawawa, this unit has conducted one Group 1 and one Group 3 DER course. Sgt Hopkins of this unit and Sgt Tait of No 13 Coy attended the Group 1 course and Sgt Everett of No 13 Coy attended the Group 3 course. We are pleased to report that all candidates were successful in their endeavours.

As mentioned in a previous issue of the Quarterly, we played host to the QM's portion of the RCDC Unit Commanders Conference on 28, 29 and 30 Sep 60, and had the pleasure of conducting the Directorate Officers and Unit COs through our new and well-designed "Home".

With this, as with all new installations, there are many good and, fortunately, few bad points, but our number one nuisance from the day of moving in has been the fire-alarm system. Those who were through the building likely noticed the nice little brassy gadgets set at regular intervals in the ceiling of the building. These little "gadgets" are sensitive fire detectors and it seems to take very little heat to set them off. As a result the fire chief, plus a fire reel with sirens wailing are regular visitors to this building. To date we have had 43 fire alarms, but fortunately all of them have been false alarms. The fire alarm ringing, the hustle to clear the building and the disruption of work is a nuisance, but there is always the chance that one day it might be the real thing, heaven forbid.

As with other units at the Holiday Season just passed, Christmas parties were in order. This Depot combined with the staff of No 3 Dental Clinic to celebrate the occasion on 15th December and all apparently enjoyed themselves. Our photographer "Flash" Beattie took pictures at every turn and we expected to see this party very well publicized. However, due to a mechanical failure not a single picture turned out.

On 17th December the "Dental" children had their first visit from Santa in this part of the country. It was a very nice affair but no one could explain the lack of noise. With about 30 children of all ages attending it was amazingly quiet. (This seldom happens at home). If anybody is looking for a good Santa Claus we highly recommend Mr Mills, our forklift operator.

Back in December, as thoughts began turning to Christmas and Christmas trees, people were heard remarking that they were going to cut their own trees. Well, the Commander must have got wind of this because it wasn't too long before an instruction was issued that trees would NOT be cut on an individual basis but could be cut on a unit basis in certain training areas. As a result of this, on 14th December, No 1 Dental Equipment Depot organized "Exercise Xmas Tree". This was our regular sports afternoon so all personnel donned their old winter clothes, sharpened up their hatchets and headed for the back forty. Although live artillery firing was in progress in the vicinity, the unit returned intact and successful.

We are pleased to report that WO1 Doyle our warehouse officer has been appointed to the rank of Lieutenant. Congratulations Herb.

After eight weeks of "nose to the grindstone" and "shoulder to the wheel", Sgt Tommy Sullivan qualified in advanced First Aid. Congratulations Tommy.

Since the last edition of the Quarterly there have been several changes of personnel. Pte Macomber, one of our DERs who remained in Ottawa when the unit moved to Petawawa was released to civvy street on 21 Nov 60. We wish him all the best. Mrs McQuarrie who was our ledger keeper asked to be released in November. We miss Terry's Scottish humour. Mr Lewis who was with us from the beginning of the move as a clerical assistant was transferred to 42 COR in October to a better-paying position. We know Lloyd will go a long way.

We extend a sincere welcome to the following newcomers and hope that they will be happy here with us: Mr Allan Anderson who replaced Lloyd Lewis and Mrs Rita Little who replaced Terry McQuarrie.

On the sports scene our Dental team in the Garrison Bowling League is still pushing for top spot, being in second place. The combined Dental Volleyball team is not faring too well -- but the sport and exercise is what we're after - right boys? Curling is still a nasty word here. Work on the building is progressing but much too slowly for some of the "hot rocks" who can't get with it. We hope that the New Year will see an early completion of the rink so that curling will become a regular sport here as it is elsewhere.

In concluding, it is the hope of all personnel of No 1 Dental Equipment Depot that personnel throughout the Corps and their families had a very Merry Christmas and that they will have a happy and prosperous New Year.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

THE RCDC SCHOOL

December 1960 in Camp Borden has been about as normal as any December could be. After the unusually moderate temperatures of November we now find ourselves blanketed with six or seven inches of snow and the temperature at the seasonal norm of 20° or a little less.

The railways attempted to make the month memorable with their threatened strike while we had three courses terminating before Xmas. Some of the candidates, particularly those from the west coast, prepared their own itineraries for their return by bus with an ETA of mid-February. They professed great sympathy for the non-operating employees of the railways and were reluctant to accept the fact that government intervention was a justifiable solution.

Lt Gen PS Gyani of India, Commander of the UNEF in the Gaza Strip, visited the School on Friday 25 Nov. The Commander expressed a real interest in our function, chatted with several members of the staff and patients and was genuinely impressed with what he saw.

Capt Jim Wright returned in mid-December from a two-week course in Endodontics at the Kellogg Institute, University of Michigan, Ann Arbor. Our fondest hope is that candidates returning from courses at our School are as favourably impressed as Capt Wright was with the Kellogg Institute.

Lt Col Jay Turner and Major George MacDougall have returned to the fold after a few weeks in Toronto Military Hospital.

Congratulations are in order to the following members of the staff on their recent promotion:

Capt	A	Van Ryssel
S sgt	EB	Morse
Sgt	GR	Jennings

and to Cpls Chamberlain and Jackson who completed their Jr NCO course and Sgt Jack Sadler who did so well on the Dental Assistant Instructors' Course.

A RECENT PHOTOGRAPH OF THE STAFF OF THE RCDC SCHOOL



- Front Row: Left to right: Capt Van Ryssel, Maj Craig, Maj MacDougall, Lt Col Craigie, Col Kearney, Lt Col Bagnall, Lt Col Turner, Maj Thompson, Capt Wright, Capt Casterton
- Middle Row: Left to right: WO2 Morris, S sgt Savoie, Cpl Semple, Sgt Libby, WO2 Batten, Lt Cartwright, S sgt Morse, WO2 Jackson, Cpl Chamberlain, Sgt Tapp, Sgt Jennings
- Back Row: Left to right: Sgt Sadler, Sgt Bradley, Sgt Beauvais, Sgt Richardson, WO2 Jones, WO2 Mann, Pte Forsythe, Sgt Knoll, Cpl Jackson, WO2 Bilbey

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

11 DENTAL COMPANY

The past three months have produced an astonishingly meagre amount of news if reports from most clinics are any indication. Certain items have filtered through, however, and we shall attempt to promulgate them in reasonable form.

RCDC dental officers of the Edmonton Area attended a meeting of the Edmonton District Dental Society on 6th December. The meeting took the form of table clinics at the afternoon and evening sessions, with a testimonial dinner for Mr Earl Pinch, who has retired from the Ash Temple Company after fifty years' service. Immediately following the dinner, various members of the Society gave short talks to describe some convenient procedures they use in their practices. The RCDC officers attending found it to be a most informative and pleasant event.

Similarly, dental officers in the Victoria Area report attending and enjoying an afternoon and evening meeting of the Victoria Dental Society on 21st November, when the guest lecturer, Dr C Castaldi of the University of Alberta, spoke on pedodontics.

Sgt Ernie Carpenter, our hard-working Dental Equipment Repairer, has pretty well covered the Company in the last few weeks, so there should be little or no equipment problems for a while.

While we are on the subject of equipment, mention must be made of our brand new chrome-cobalt laboratory at Griesbach. It is now operational and is a neat, convenient and adequate set-up.

The absence of a number of personnel due to courses, leave or illness has necessitated the use of Temporary Duty (or, you would like a little trip, wouldn't you?) to relieve the strain on certain clinics. Such circumstances have involved the following:

- a. Major Jack Walker from RCAF Cold Lake to RCAF Comox from 7 Nov to 25 Nov 60.
- b. Sgt Red Arnsby from Griesbach Barracks to HMCS Cape Breton from 12 Aug to 15 Nov 60. This included a paid trip to Pearl Harbour!
- c. Miss Shirley Fogg from Greisbach Barracks to RCAF Cold Lake from 17 Oct to 10 Nov 60.
- d. Cpl John Dion from RCAF Namao to HMCS Cape Breton from 27 Nov to 15 Dec 60.
- e. Cpl Bob Lowery from RCAF Sea Island to Workpoint Barracks from 22 Nov to 16 Dec 60.

RCAF Station Holberg received a two-week visit in November from Capt Jack Bowman, Sgt Art Nicholson and Sgt Bingo Shaw, while Camp Wainwright was invaded by a detachment consisting of Lt Col Bill Crummey, Sgt Ralph Thornton, Cpl John Dion and Cpl Paul Fox.

Our Commanding Officer proceeded on another type of trip, just having spent five days in hospital proving that if one's head is held in a fixed position and a 26-lb weight is tied to one's feet, then something's got to give. We are pleased to report that Colonel Millar's back appears to be considerably improved since the Medics "had a go" at it.

Major Dave Carmichael attended a Surgical Course at Ent Air Force Base in Colorado Springs and has promised a full report. Since returning from the States he has bought a home in Victoria and at last report was busy moving in.

HMCS Cape Breton's recently completed cruise to Pearl Harbour presented the RCDC personnel aboard with an excellent opportunity to further good relations between USN dental personnel and our Corps and also to enjoy the country and climate of the Island of Oahu. Needless to say, Capt Dave Gardner, Sgt Red Arnsby and Sgt Ron D'Eon didn't let us down on either score.

Our clinic at Camp Sarcee was temporarily closed during the shortage of dental officers in the Calgary area. On arrival in this Company, Capt Lee Reynolds was posted there and around the middle of November reported the clinic to be "fully operational".

Cpl and Cpl Dundas (not stammering, it's really husband and wife) have brightened the Edmonton scene. "Mister" is at WSIU RCAF Detachment Kingsway, and the "Missus" is gainfully employed in the clinic at RCAF Stn Namao.

Pte Dennis Peterson has been posted from Calgary to RCAF Cold Lake and appears to be happily settled in.

On the sporting scene we hear that Major Terry Pyne bagged three deer and nine birds, while Major Bob Fell has a deer wrapped and in the freezer. If this keeps up, Capt Bill Collier will be hard put to retain the title of "Head Hunter of the Company".

The clinic at HMCS Naden has advised that clinic personnel participated in the Pacific Command Turkey Shoot but made no mention of results. Does this mean we are to suspect the worst?

Corps personnel in the Edmonton area had a most successful Christmas Party on 16th December. On the strength of their recent increase the officers donated a large ham and a turkey that bore a remarkable resemblance to a full-grown ostrich. Welcome guests from the "outside" were Major and Mrs Bill Carter and Cpls Pete Coupe and Roger Monahan.

LAW Lois Jones (RCAF Nameo) and LAC William Wallace were wed in Vancouver on 3rd December. The very best of luck to both.

Congratulations and heartfelt sympathy for the loss of sleep attendant upon such events are extended to the following proud parents:

Capt & Mrs Cy Dorval	- a daughter 16 Oct 60
Sgt & Mrs Mark Tremblay	- a daughter 25 Nov 60
Major & Mrs Frank Charman	- a son 30 Nov 60
Major & Mrs Bill Dickie	- a daughter 30 Nov 60
WO2 & Mrs Ray Peebles	- a daughter 30 Nov 60
Capt & Mrs Yosh Kamachi	- a son 7 Dec 60

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

12 DENTAL COMPANY

In early December Lt Col Roger attended the Newfoundland Dental Society Annual Meeting at St John's Nfld as a guest clinician. His topic was "Surgical Preparation for Oral Prostheses". He reports that the hospitality was tremendous and the "Screech" tasty.

Successful candidates who attended courses recently were Sgt Frank Martell - Cp 3 Lab and Sgts George Ryder, Francis Marchand and Harold Kirby - Cp 4 Lab and S sgt Stan MacLean - Cp 4 Cl.

Major Ted McDermott will soon have his problems at Camp Gagetown. Of the seven ORs in the clinic, six are proceeding on course at the same time. S sgt Phil Egan is about to be divided up four ways.

Major Paul Guevremont is now off the "Bonny" and back to work in 15 Coy after completing his tour. Capt Lucien Masse has been posted from RCAF Stn Summerside to 15 Coy also. Their efforts will be missed.

Major Jim McGaughey has taken over aboard the "Bonny" and looks forward to a good year. After his hectic year in the new HMC Dockyard clinic the change will undoubtedly be welcome. He joins Sgts Art Field and Weldon Chase.

Major Gordon Grant has taken over aboard HMCS Cape Scott for the spring cruise to Bermuda. Sgt Doug Murley and Cpl "Joe" Martell are also going along for the tanning process.

Lt Col Laurie Cameron ceased his call-out 31 Dec 60 after twenty months diligent effort.

Pte Al Pink, a welcome addition to 12 Coy, has completed his basic training and is employed at Camp Gagetown.

Congratulations to the following parents:

Capt & Mrs Vince McMaster	- a daughter
Capt & Mrs Graham Conrad	- a son
Sgt & Mrs Ken Wallace	- a son
Cpl & Mrs Roy Matheson	- a son

Lt Col and Mrs Roger are the leaders in the Garrison Duplicate Bridge Club. Lt Col Roger assures us that it is not his fault.

Capt John Mullins finally got himself an eight point buck after umpteen misses. He was also attacked by a doe - being mistaken for a dental officer can be dangerous. Capt Jack Quackenbush is once again in pursuit of curling trophies - having won the Scallop Bonspiel at Digby, the Stadacona CC Opening Bonspiel and tied for first place in the Xmas Spiel. Lt Col Roger is also curling, but with the Halifax Garrison Club. NO bonspiel reports to date. Capt Hal Bunston is doing yeoman service with the Shearwater Volleyball team. Sgt Doug Murley and S sgt Stan MacLean are leading lights for the Halifax Garrison Hockey team. Doug is the goaltender and on his departure for Bermuda will be greatly missed.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

13 DENTAL COMPANY

Promotions, Transfers, etc

Major WW Anglin's promotion to A/Lt Col was announced 1 Nov 60. Lt Col Anglin is a native of Windsor, NS. He attended High School at Mount Allison Academy in Sackville, NB and received his DDS from McGill University in 1944. On graduation he enrolled in the CDC and served in No 27 and 50 Companies until 1947 when he was accepted into the Canadian Army (Regular) and posted to Eastern Command. Since 1950 he has held appointments in Central Command with the exception of a one-year tour in Korea in 1952. Lt Col Anglin and his wife and child reside in a PMQ at Camp Petawawa.

WO1 JW Lincoln's promotion to Capt Lab Offr was announced 22 Nov 60. John was born in Moose Jaw, Sask, 18 Sep 17. Following his schooling in Moose Jaw he entered the trade of dental technician and after ten years enrolled, 5 Nov 40, at No 12 District Depot, Regina, for service with No 20 Coy CDC (RCAF) in the rank of Sgt dental technician. He was confirmed in the rank of S sgt 20 Nov 44. John was promoted to WO2 15 Apr 48 and to WO1 1 Apr 54. Capt Lincoln resides in Middleton Park, Trenton (PMQ) with his wife, Pauline, three sons and one daughter.

Pte WL Wylie's promotion to A/Cpl was announced 15 Oct 60. Wilf was born in Aug 37 at London, Ontario. He enrolled under the Soldier Apprentice Programme at 6 Pers Depot 4 Sep 53 and was allocated to RCASC. He served at the RCASC School, VEPE Ottawa, Ft Churchill and with the Bde in Germany. He was appointed L/Cpl 28 Aug 57 which rank he relinquished on his transfer to the RCDC while with the Bde in Sep 60. Cpl Wylie is the Cpl Clerk at this HQ. He lives in Trenton with his wife and son.

Pte JEN Boucher's promotion to A/Cpl was announced 28 Oct 60. He was born in Pembroke, Ont, 13 Feb 34 and enrolled at No 13 Pers Depot 30 Oct 58. He was

posted to Camp Petawawa Dental Clinic 21 Feb 59 for employment and training as a dental assistant. Cpl Boucher resides with his wife and three daughters in Pembroke, Ont.

Capt JB Scott was SOS to 6 Pers Depot for release on request 23 Nov 60. He will be practising in Camp Borden.

Sgt JA Gravelle was SOS to 7 Pers Depot for release having reached the age limit for his rank on 28 Nov 60.

Sgt AM Jerome returned to the fold 1 Dec from Camp Valcartier. He is employed at No 17 Clinic, RCAF Stn, Uplands.

On the 2nd of October Sgt JV Minnelli was posted to No 3 Clinic, Petawawa and Cpl TW Thrasher to No 1 Clinic, Ottawa on cross-posting.

Courses

The following attended courses during the period Oct-Dec:

Lt Col	WW	Anglin	-	Periodontics, USNDS, Bethesda
Major	AG	Andrews	-	Oral Surgery, UK
Major	JVP	Chatwin	-	Oral Surgery, UK
Major	LR	Pierce	-	Civil Defence, Arnprior
Major	EJC	Small	-	Civil Defence, Arnprior
Capt	WR	Black	-	Capt to Maj Qualifying
S sgt	JA	Fraser	-	DT Cl Gp 4
S sgt	JE	Shiner	-	DT Cl Gp 4
Sgt	LG	Brown	-	DT Lab Gp 4
Sgt	WB	Gilbert	-	DT Lab Gp 4
Sgt	EMB	Everett	-	DER Gp 3
Pte	KW	Dodd	-	Jr NCO
Pte	NAJ	Eady	-	Jr NCO

Marriages and Births

Capt DA Warrick was married in Detroit, USA on 11 Nov 60 to Miss Lois Eleanor Mollon. They have taken up residence in Forrest, Ont.

A daughter, Nancy Irene, was born 10 Sep 60 to Cpl and Mrs KW Dodd.

A daughter, Maurine Catherine, was born 11 Nov 60 to Capt and Mrs DJ MacPhee.

A daughter, Sandra Florence, was born 15 Nov 60 to Sgt and Mrs AC Vout.

Miscellaneous

No 2 Clinic, RCAF Stn, Clinton

Several changes of staff have occurred recently at this clinic:

- a. Major Paul Fafard was posted "down the road a piece" to RCAF Stn, Centralia 1 Nov 60.
- b. Capt Paul Coulombe was posted to RCAF Stn, Clinton from Camp Shilo 2 Dec 60. Paul will be very happy here we are sure because it's only a hoot and a holler from Toronto, as yet we have not met the attraction but we know the sex.

- c. LAW Lynn Smith has left the service, we assume the snow at Clinton was just too much. The new address is Vancouver and we wish her every good fortune.

Major Pierce attended the Physicians and Dentists Civil Defence Course in November, from here on "Pierce is for Peace".

We now have five enthusiastic though little-experienced Curlers on the staff. We opened the season with a big win, by the grace of God, and a good skip (Sgt Murray Craig).

No 3 Clinic, Camp Petawawa

As is usual for this time of the year, Camp Petawawa is embraced in the cold grip of winter. Unlike the normal snowfall for this time of year, we are bogged down in tremendous drifts measuring the fantastic height of an eighth of an inch to bare ground. The temperature also has been most pleasing with this date, 8 Dec 60, being the coldest so far this winter at 15° above zero. All are wishing for continued co-operation from Mr Arctic.

Sgt Jimmy Minnelli has returned to 3 Clinic for a short tour of duty, he thinks, as replacement to Cpl Terry Thrasher. If only we could convince him and Capt Arther Vachon to turn out for the Dental Volleyball team. We certainly could do with their towering height as spikers.

This year the "Dents" again entered a team in the Camp Volleyball league. Some high priced imports were added from various Camp HQ units. Who knows, it might even occur that more than one RCDC player might make the starting lineup. What we lack in talent, surely should be made up by the inside contacts of our playing coach, Major Ray Cunningham, the Senior Protestant Padre.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

14 DENTAL COMPANY

Personnel

The promotion of our senior clerk, WO2 Al Jones, to the rank of WO1 was announced with effect from 24 Nov 60. WO1 Jones, a native Torontonian, joined the Corps in Jan 40 and has been employed on clerical duties. He served with various Dental Coys in Canada until posting to sub-staff at DGDS in May 48. He was subsequently the Superintending Clerk at The RCDC School in Ottawa from Nov 50 and came to this unit in Dec 52. Our most sincere congratulations are extended to Mr Jones.

Heartiest congratulations are also extended to WO1 Ben Gareau, our Senior Dent Tech Lab, who was promoted to the rank of WO1, effective 22 Nov 60. WO1 Gareau hails from Ottawa and joined the Corps Jan 40. He has been employed continuously as a dental technician laboratory. He served with the Corps in UK, Korea, static units in Canada, The RCDC School and joined 14 Coy in Sep 60 after a tour of duty in Germany.

On the occasions of these promotions, HQ and No 1 Clinic personnel gathered for a social hour (or two) as guests of the new WOs 1. An effort was made to ensure that they were "launched" into their new rank in keeping with the best Army tradition.

Major JW Jolly and family, (late of 13 Coy) arrived in Fort Churchill during Sep 60 in time to get settled in before the onslaught of winter weather. The Jolly family are now in their new surroundings and enjoying life in the sub-arctic.

Capt JJPG Houle, a recent direct entry into the Corps, arrived on 7 Dec 60 from 3 Pers Depot, Quebec City, and has been posted to augment the clinic staff at Camp Shilo. We wish Capt Houle and his bride a pleasant sojourn in Western Canada.

The many friends of Mrs R Cathcart (nee Joyce SOKOL), one of our dental nurses at Fort Churchill, will be interested to learn of her marriage on 23 Aug 60. Mr. Russell Cathcart is on the staff of Maple Leaf Services at Fort Churchill.

Pte JG MacDonald of the clinic staff at RCAF Stn, Saskatoon was promoted to the rank of A/Cpl on 1 Dec 60.

Cpls JG MacDonald and DL Fenton successfully completed a Dent Asst Gp 2 trades test on 4 Nov 60 and were upgraded to the new grouping.

Cpts George Moore and Dave Cook visited Fort Churchill 8 to 10 Nov 60 on an "A" and "Q" liaison visit and inspection of the dental clinic. They missed by one day the ambulation of polar bears. These animals wander through the Camp and town sites on their winter migration along the shore of Hudson Bay.

Lt Col Purdy and Capt Moore visited RCAF Stations at Saskatoon and Moose Jaw and HQ Sask Area in Regina on a liaison and inspection visit. While in Regina they spent the evening with 58 Dental Unit (M). RCAF Station, Moose Jaw has provided new and spacious clinic accommodation in the hospital.

Training

The following personnel attended courses as indicated:

Cpl Reid	- DT Lab Gp 3	- The RCDC School 19 Sep - 28 Oct
A/Sgt Torrens (RCAF)	- DT Cl Gp 4	- The RCDC School 14 Nov - 9 Dec
Sgt Laurence	- DT Lab Gp 4	- The RCDC School 7 Nov - 16 Dec
Sgt Young	- Office Management	- RCASC School 21 Nov - 16 Dec

All other ranks of 14 Coy in the Winnipeg Garrison are required to undertake the Local Headquarters Phase of Annual Refresher Training. To date the following have attended and qualified:

S sgt	Nixon AH
Sgt	Casson DD
Sgt	MacFarlane AJA
Sgt	Young CA
L sgt	Fogg GA
A cpl	Fenton DL
Pte	Cathcart WA

The remainder will attend a course scheduled for early in the new year.

A programme of Physical Training for all ranks in the Garrison is being conducted at the Army Recreational Centre in Winnipeg. The candidates are divided into two groups. The younger members take the regular PT course, while the oldsters (over 40) and category personnel follow the RCAF 5 Basic Exercises (5 BX) Plan. However, it is not expected that either programme will produce any competitors for the Olympic Games.

Special Events

Capt Eadon and Cpl Walker from the clinic in Fort Churchill visited Alert to treat service personnel at that northernmost station. Had they proceeded a few miles farther north they would have reached the point from which all directions are south.

No 57 Dental Unit (Militia) held a very successful all ranks mixed party and social evening on 28 Oct 60. Lt Col MJ Snidal kindly extended an invitation to personnel of this unit employed in Winnipeg. This afforded an excellent opportunity to meet our Militia confreres and to enjoy a most pleasant evening.

Sports

The Manitoba Area Golf Tournament was held in Winnipeg on 9 Sep 60. Lt Col Purdy and Major Syd Muller represented this unit and attained a standing in the low net "C" and "D" Divisions.

Sgt Ross Taylor, founder of the Mallard Water Ski Club of Minnedosa, took first place in the Trick, Slalom and Jumping on water skis at the Manitoba Water Ski Championships held in Winnipeg in late August. This achievement makes Ross the all-round Water-Ski Champ of Manitoba.

An RCDC bowling league was formed early in Nov. Personnel from Coy HQ, clinics in the Winnipeg area and 57 Dental Unit (Militia) are participating. To date some good scores have been chalked up but, generally speaking, the results resemble golf scores.

A Pre-Christmas Turkey Bowling Tournament was held on 14 Dec and turkeys were won by Capt George Moore, Capt Jacques Boulay, Mrs Dawn Fenton, Cpl Frank Reid, Miss Agnes Gravelle and Mrs Florence Jankowski.

Consolation prizes were won by Lt Col Purdy, Miss Agnes Gravelle, Mrs Mary Gareau, Mrs Edna MacFarlane, Capt Jacques Boulay and Capt Bob Gillis.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

4 FIELD DENTAL COMPANY

Capt LE Kelly and WO2 DD Robertson, recent arrivals in Germany, are welcomed to the unit. It is hoped their stay will be a pleasant experience.

Mr Gilles Bourdon, representative from Ticonium of Albany, NY, paid a visit to this unit during the month of Nov. It was a pleasure to have him drop in for a couple of days and it is hoped he enjoyed his European tour.

The chrome-cobalt lab is in full swing at last. After many trials and tribulations partial denture frameworks are being produced at a steady pace. This prolonged project took some eight months to complete. As the old saying goes "patience is a virtue". Ask WO2 Robertson how much paint there is in a running foot!

The major training scheme of 4 CIBG for 1960 was the NATO exercise "Holdfast", held in Schleswig-Holstein during the latter part of September. The dental detachment consisted of Capt Bisailon and Sgt Toole - we hear from reports they thoroughly enjoyed themselves.

The personnel of this unit are eagerly awaiting the 1961 concentrations, when we plan to hit the field as a unit for a summer in the mud.

The unit at one time had a surplus of drivers with few vehicles, now we have a surplus of vehicles and no drivers. The latter were recalled during Nov owing to changes in field establishment, however, the RCDC to the fore, we are being trained to handle the new automatic-drive vehicles. S sgt Bennett claims some of the pieces appear to have been forgotten, but who knows the difference.

35 FIELD DENTAL COMPANY



The most important event in France during the past few months (to Easterners, at least) was the annual Grey Cup (Europe) contest, held in Metz on 12 Nov 60. This annual affair was attended by almost 5000 people, both Canadian and French, who were treated to an excellent exhibition. Our Cpl Bill Parker was selected as coach and quarterback of the Eastern team and did an outstanding job in both departments, as evidenced by the 35 to 8 score in favour of the East at the end of the game. Two touchdown passes by the QB contributed to the excitement and to the score. The accompanying photograph shows Air Commodore PA Gilchrist, Chief of Staff at Air Div HQ, presenting the Grey Cup (Europe) Trophy to Cpl Parker. (The bruises don't show!!)

Normal Grey Cup Festivities followed, in various messes and clubs, throughout the Air Division. It was the opinion of many that Grey Cup (Europe) provided a more interesting game than Grey Cup (Canada), which was won by some town in the East.

We were more than pleased to receive news of the promotion of WO1 Charlie Loken and A/Major Ian MacDonald. Both promotions were well deserved, and we again congratulate the recipients.

We have also learned of several other promotions in the Corps, through the Location Statement, and offer our congratulations to all concerned.

The recent pay increase and the new Dental Officer Allowance were greeted happily by all personnel of the unit. PXs throughout France and Germany, in particular, must have noticed the increase in business as a result of the new pay scale.

Speaking of PXs, they have been thronged for the past two months (more so than usual) with shoppers anxious to get their Christmas parcels away before the postal deadline. The Christmas spirit here is not commercialized to the extent

it is in Canada (thank goodness), but it is clearly evident in the form of lights, music and other ways in which Christmas should be celebrated. The absence of blaring radio and newspaper "bargain" advertising is a joy.

The lack of snow in December (at least in some Air Division locations) perhaps was not conducive to the Christmas spirit, but was probably welcomed by everyone except a few ski enthusiasts and the children. To date, "snowshovel" is just a word in the dictionary to many Canadians in Europe.

The successful completion of the recent Captain to Major Qualifying Course at the Corps School brought an acting Majority to Ian MacDonald and qualification to Lew Kelland. Congratulations to both on their success.

A/Sgt Helmut Marckwort will be spending his time at the RCASC School, Camp Borden, from mid-Jan to mid-Feb 61 in what we are sure will be his successful attempt on the Sr NCO Qualifying Course. He has been advised to take his greatcoat, for more than one reason.

Sgt Tony Fox, at No 3 Fighter Wing, Zweibrucken, together with his wife, have successfully completed a strenuous 50-session course in German. He reports that the effort was worthwhile and we are sure he and Mrs Fox will more thoroughly enjoy their tour as a result of their determination.

Capt Doug Evans was unsuccessful in his efforts to NOT be elected to the PMQ Community Council, and is now known as (among other things) "Councillor" Evans. His "Don't - Vote - For - Evans" Committee worked hard on his behalf, but in vain.

35 Fd Dent Unit extends Season Greetings to all ranks in the Corps and best wishes for continued good health in 1961.

★ ★ ★ ★ ★ ★ ★ ★ ★ ★

(5) 2962 - A-12 AC

This book must be returned to
the Dental Library by the last
date stamped below. It may
be renewed if there is no
reservation for it.

--	--

HRA

Royal Canadian Dental Corps Quarterly.

v. 1(1960)

TODAY'S DATE

NAME OF BORROWER

Harry R. Abbott
Memorial Library

FACULTY OF DENTISTRY
TORONTO

